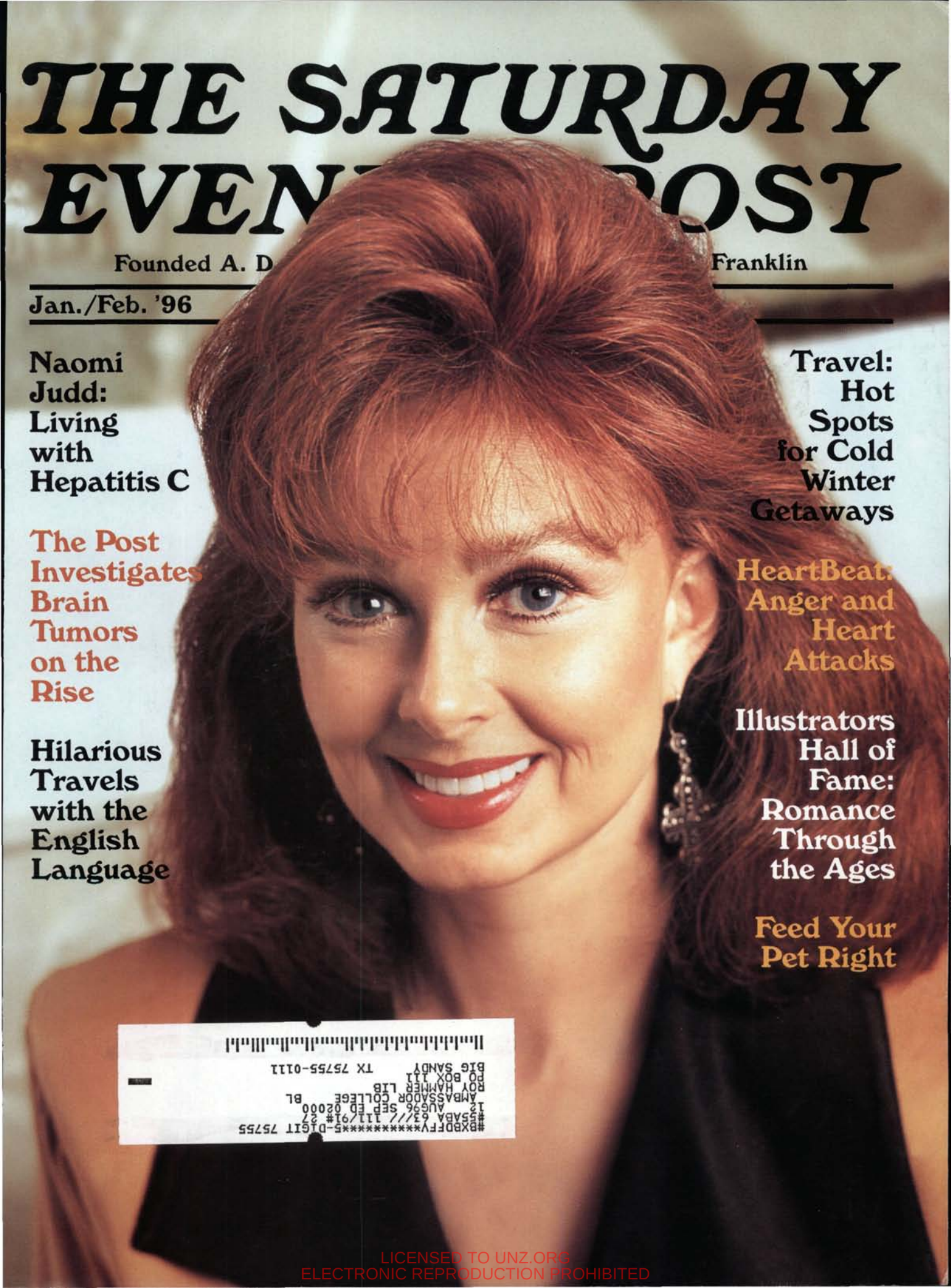
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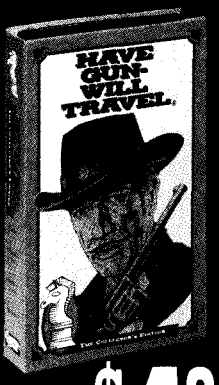

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Living with Hepatitis C—When doctors gave Naomi Judd little hope for recovery from chronic hepatitis, the country-music star fought back with music and love. 36

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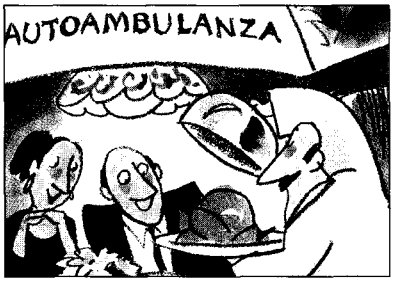

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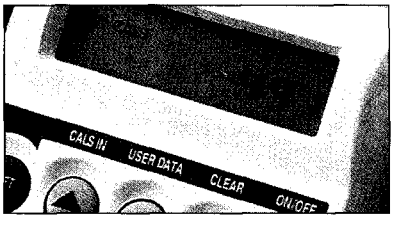

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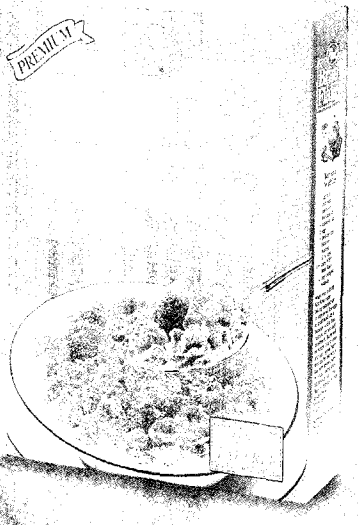

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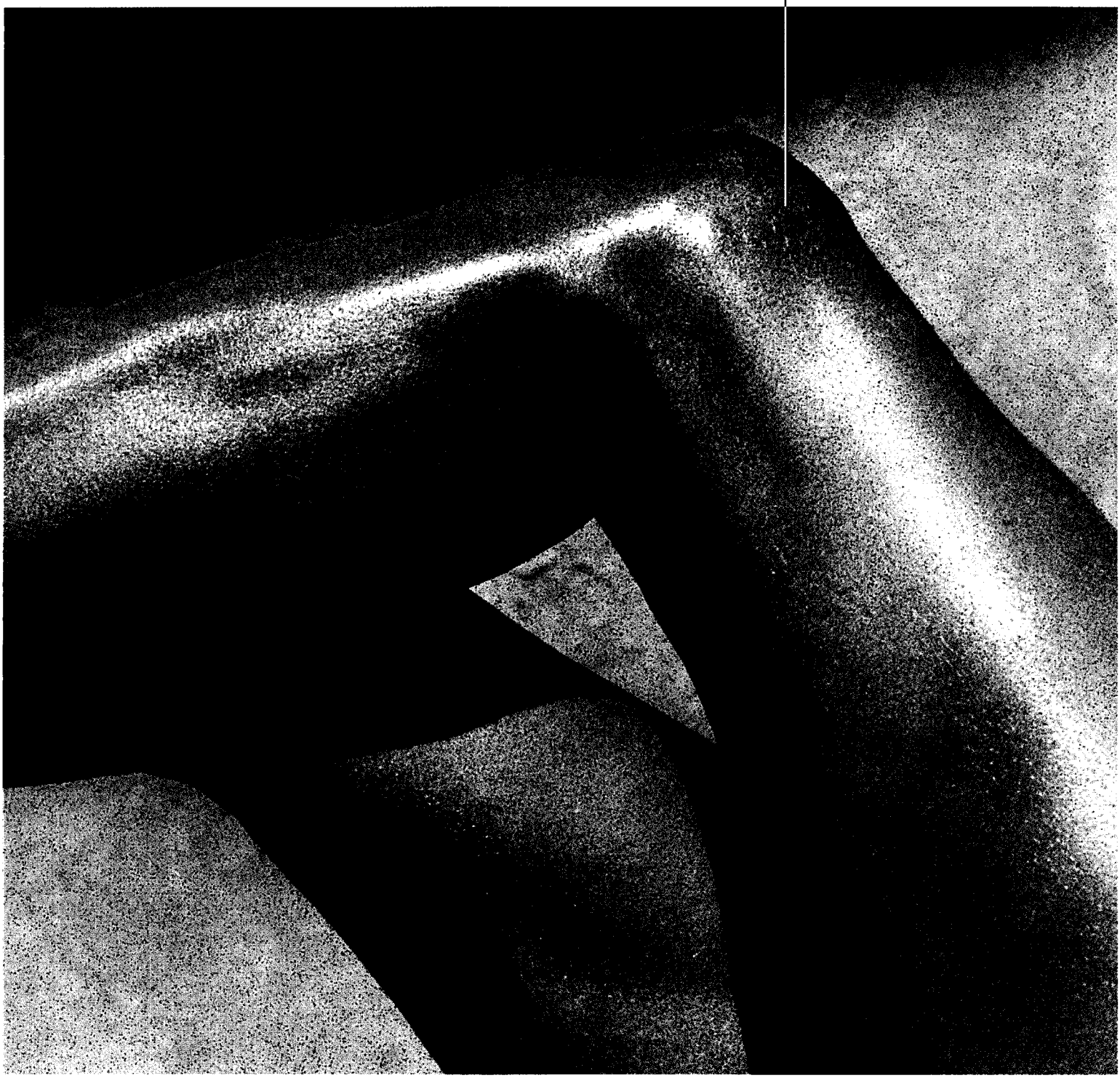

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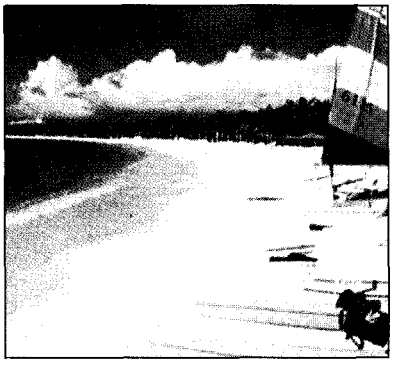

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Our Brush with Romance—Love has long been a favorite focus of *Post* cover artists. **52**

Feeding Your Growing Dog—requires careful attention to the changing nutritional needs between puppyhood and adolescence. **50**

Letters

Questioning Right to Die

After being gone for the summer, I just caught up on reading my back issues of *The Saturday Evening Post*. I was shocked to read the article in the Sept./Oct. '95 issue: "A Right To Die." It may not have been the opinion of the *Post,* but there was no statement printed to that effect at the end of the article. I couldn't believe you printed it. Murdering one's self is just as morally wrong as murdering someone else. Doctors' primary purpose has been to save lives, and since when has it become all right to play God and decide when it is time to end it?

I have subscribed to *The Saturday Evening Post* for many years, and I have given many gift subscriptions. I am certainly having second thoughts about renewing these subscriptions if this is the trend of the articles you will be printing.

Albert Schweitzer said when the lack of respect for any phase of life happens, all aspects of life will follow. It started with infanticide, and it now begins to include euthanasia. Where will it stop?

M.A. Thompson
Mesa, Arizona

Benefits of Vitamin E

Your magazine has such informative medical information. There must be many people with heart problems who could benefit, as I have, from "Heartbeat: Taking Vitamins to Heart" by Ted Kreiter in the Sept./Oct. '95 issue.

I'm 88, have had atrial fibrillation every several weeks for 18 years, regardless of any drugs I took. Because of an episode of shingles, I take lysine, the B's (B_{12} with calcium), raw wheat germ, and brewer's yeast. But now, by taking 500 IU of vitamin E, I'm free of atrial fibrillation.

Zeta Fones
Atlanta, Georgia

In Defense of President Clinton

In your Nov./Dec. '95 issue, you printed a letter from Marcella Lewis in which she referred to President Clinton as "our Coward-in-Chief." Your publication of that letter without editorial challenge to the accuracy of her charge that President Clinton "dodged" the draft reflects very poorly on the editorial integrity of this publication.

President Clinton did nothing more or nothing less than exercise his right

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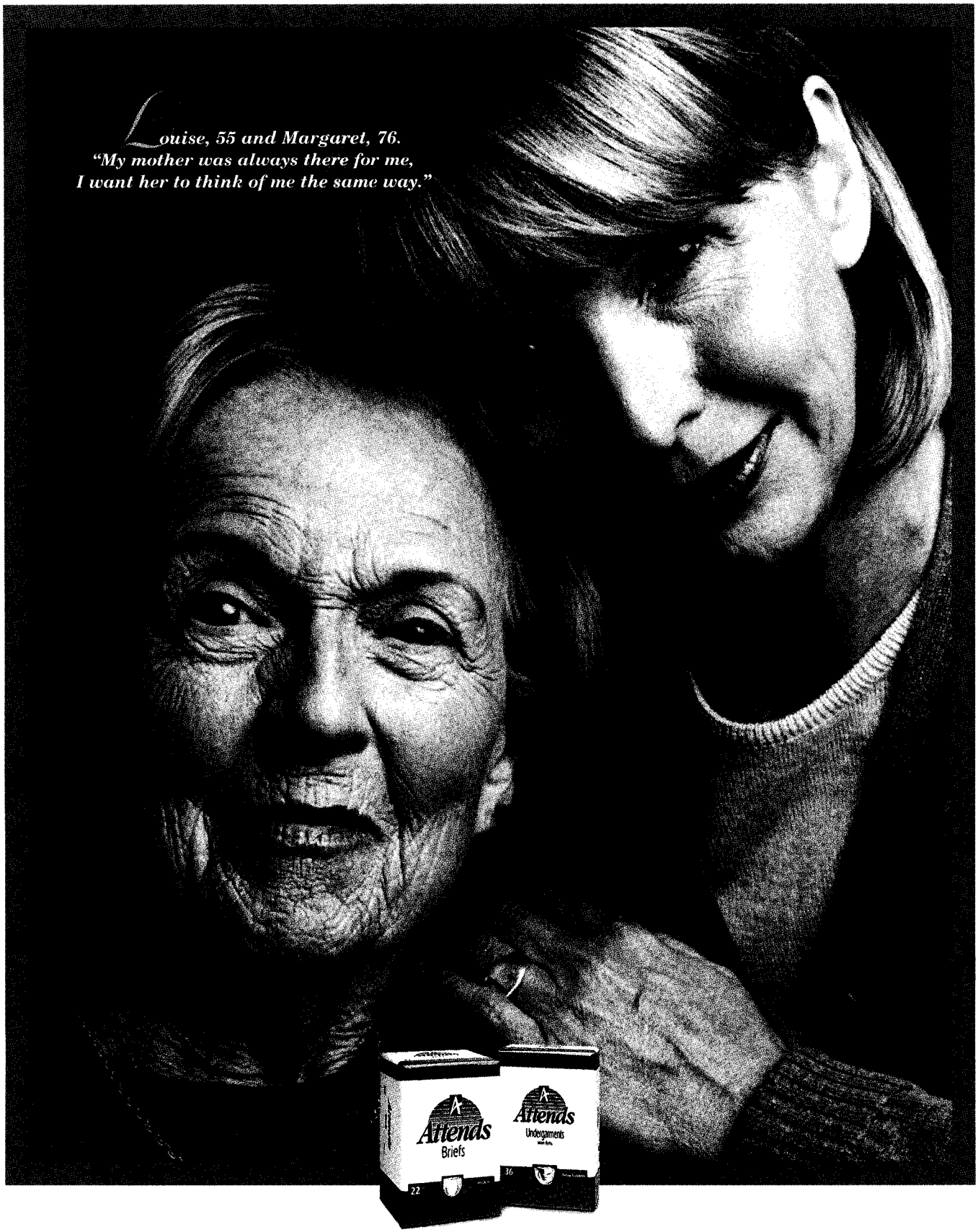

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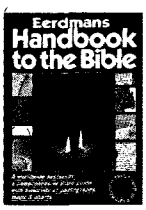

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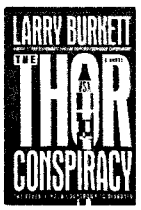

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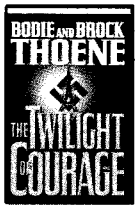

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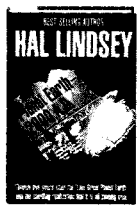

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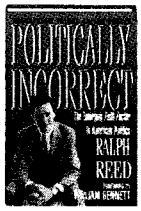

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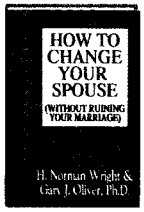

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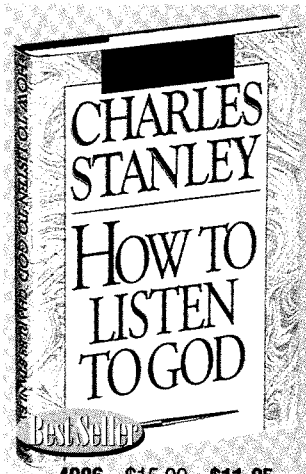

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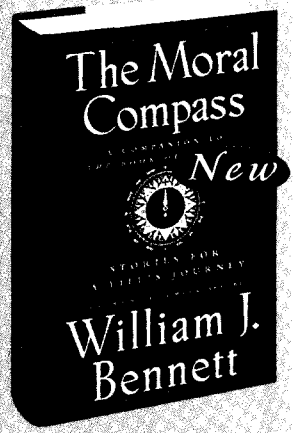

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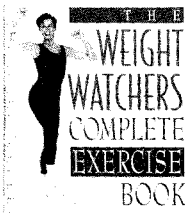

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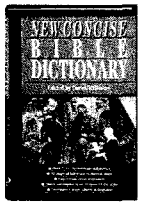

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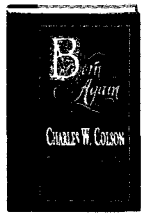

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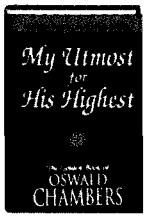

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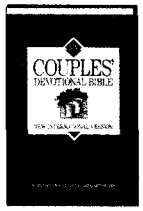

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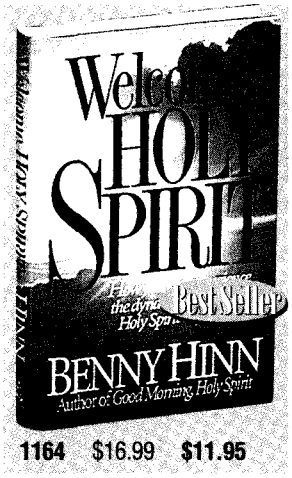

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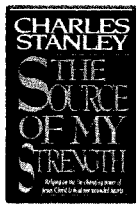

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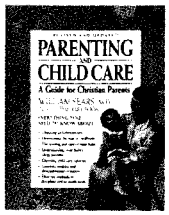

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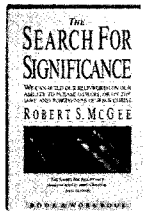

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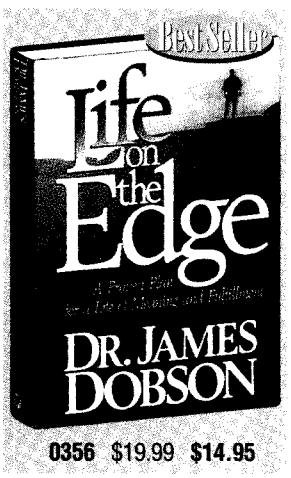

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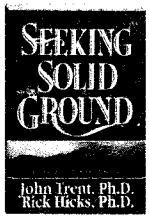

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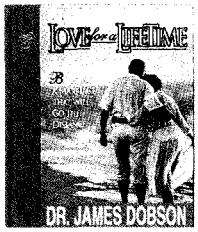

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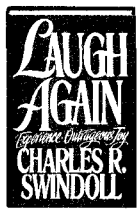

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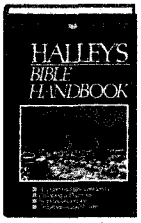

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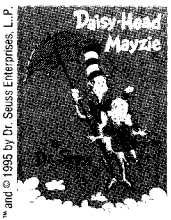

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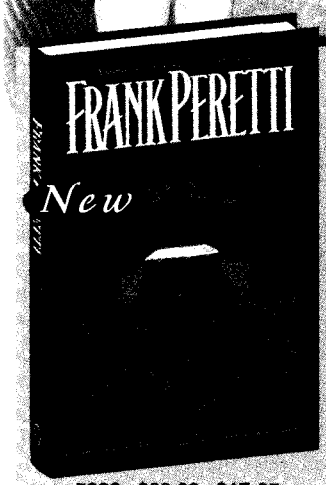

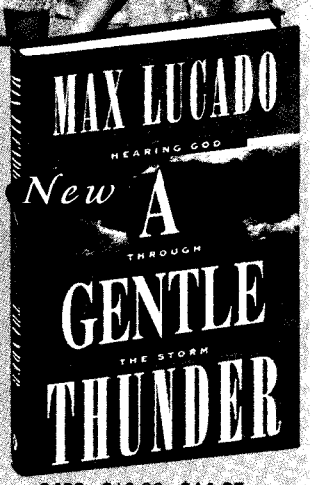

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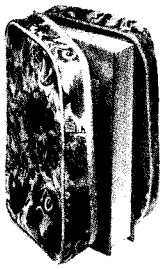

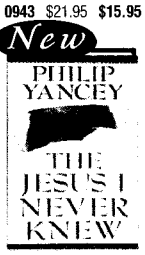

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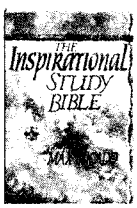

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as a college student to exempt himself from military service, just as Newt Gingrich and Phil Gramm had done. You certainly are aware of that, even if the public isn't.

That Clinton's failure to serve in the Vietnam conflict continues to be a topic of discussion and a reason for many not to support him is clear evidence of the power of a media which devoted hours and hours and pages and pages of critical coverage to the subject when Clinton was a candidate. That Gramm, also a candidate for the same office, and Gingrich, a possible candidate, are not branded as draft dodgers as Clinton was—and continues to be—can be attributed to the fact that the media has given no attention to the subject as it relates to them. It's doubtful that most Americans are even aware that both Gramm and Gingrich did the same thing Clinton did.

Perhaps *The Saturday Evening Post* could set an example for the media in general by practicing scrupulous adherence to journalistic integrity and determined avoidance of political manipulation by either party. It would be refreshing!

Russ Dodd
Birkenfeld, Oregon

Lysine, A Lifesaver

What a wonderful magazine you have, and what a lifesaver the articles on herpes and chronic fatigue syndrome were for me. I've also told several friends and family members who suffer from CFS and herpes to get this magazine as soon as they can!

I happened on it at a doctor's office. The day I discovered the Nov./Dec. issue was another day full of emergencies for him, allowing me plenty of time to read all three articles on the benefits of L-lysine.

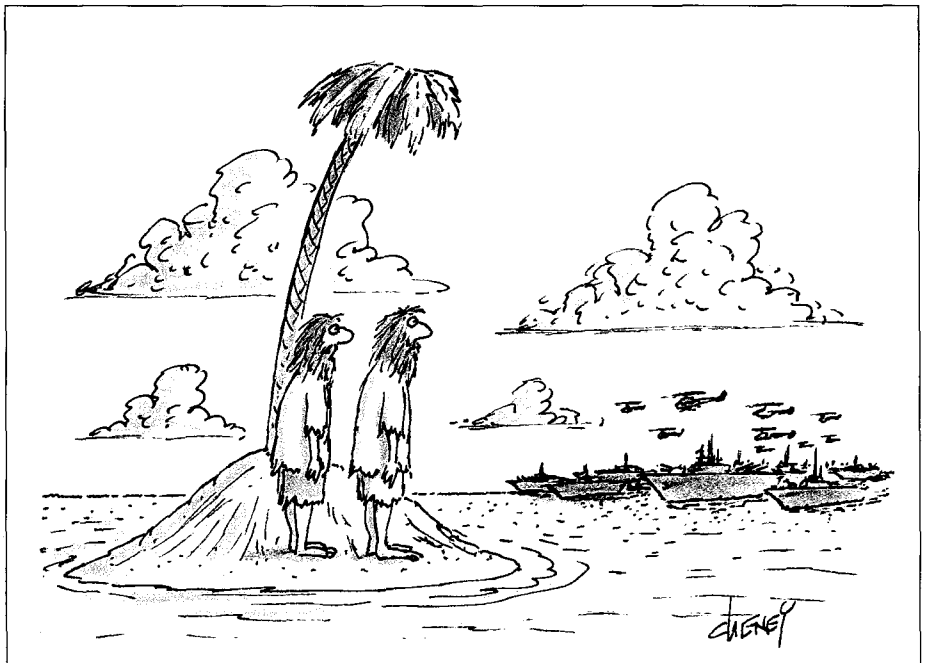
Just two days earlier, I had been so fatigued I sat in a chair with the phone in my lap debating calling my daughter to come be with me. I was confused, afraid, and defeated. I sensed it wasn't anything major (had a cardiogram and two heart checks this summer with great results). My daughter called me instead and suggested I get Gatorade. She's had bouts of CFS. I got some and it helped. But nothing comes close to the results I got from the L-lysine.

I went directly from the doctor's office the day I found the article and got a bottle. Had to go back two days later for more. But in those two days I felt like a whole new woman! I hadn't felt this good in years.

I'm thrilled to be able to think again, sleep right again, and have enough energy to do what I want to do. My creativity has soared, and I'm writing again every day. And, glory of glories, I've had whole days free from pain.

Thank you for your work in health. If I can be of any service to your organization, please let me know. I am sold on L-lysine!

Joanne K. Hill
South Bend, Indiana



"Just what kind of message did you put in that bottle?"

The Joys of Being a *Post* Delivery Boy

I have read with considerable interest the letters concerning the *Post* delivery boys.

The reason for this letter is to remind you that we were compensated not only in cash, but in "brownies" and "greenies." These were good for all sorts of wonderful "gifts" from the *Post* catalog.

Beyond my education in capitalism, I also received an education in good writing. I well remember such ongoing classics as the stories about "Tugboat Annie" and Alexander Botts and the Earthworm Tractor Company. The stories about the fishing guides "Crunch" and "Des" were my favorites and perhaps were the genesis in my sailing, skin and scuba diving, and fishing which I have enjoyed for so many years.

Rolland D. Headlee
Los Angeles, California

A Brother Remembers

The golfer checking his watch (page 51, July/August '95) is from the cover of the September 12, 1931, *Saturday Evening Post*. The illustrator's name appears to be Sheridan. One fact about that picture I bet you don't know is that the model who posed for it was a struggling young actor in New York City by the name of Joseph Cotton. He was 26 at the time and I was only 11—his younger brother.

Our mother tore the cover off the magazine and put it away with other memorabilia, and through the years it got wrinkled and the upper left corner got torn off. About 30 years ago, my wife rescued it and mounted it in a picture frame, thereby slowing down its deterioration.

Except for an occasional hiatus now and then (some caused by me and a long one by you), I have enjoyed reading your magazine since the late '20s. Best wishes for your continuation.

Samuel W. Cotten
Winchester, Virginia

We Always Make Time for Those Who Make Rhymes

The check for my limerick came!
My predicament, though, is the same;
Should I bank it or spend it,
Invest it, or lend it,
Or have it displayed in a frame?

Evelyn Kolden
Winner of May/June '95 caption contest
Garrison, North Dakota

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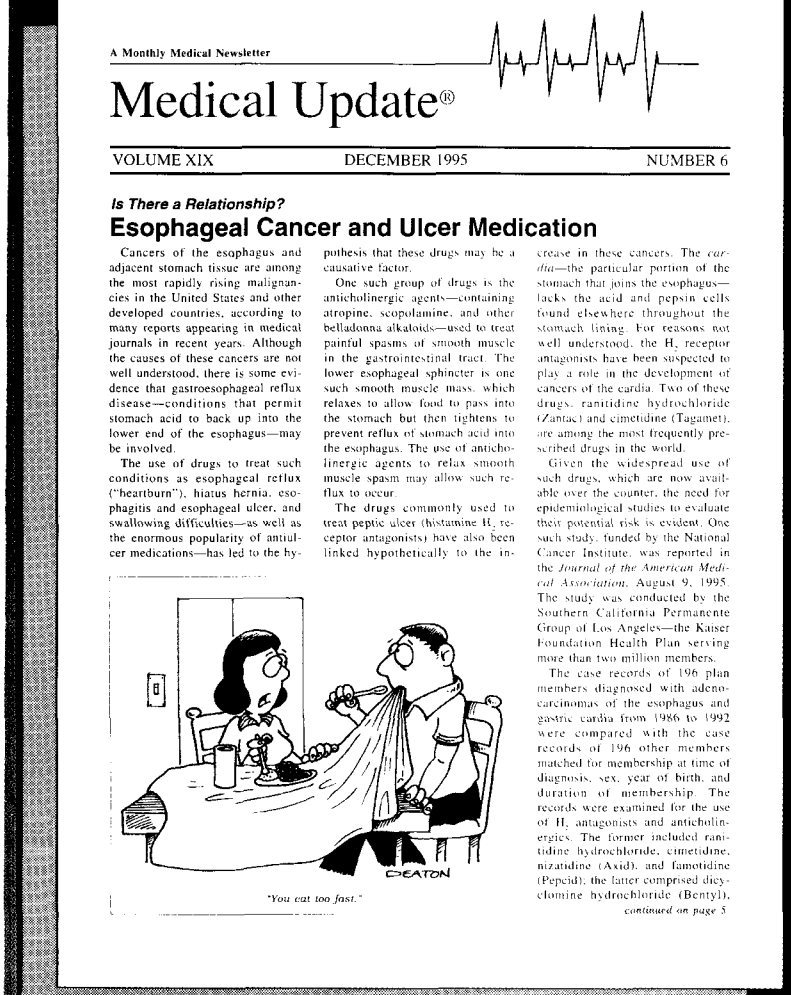

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VOLUME XIX DECEMBER 1995 NUMBER 6

Is There a Relationship?

Esophageal Cancer and Ulcer Medication

Cancers of the esophagus and adjacent stomach tissue are among the most rapidly rising malignancies in the United States and other developed countries, according to many reports appearing in medical journals in recent years. Although the causes of these cancers are not well understood, there is some evidence that gastroesophageal reflux disease—conditions that permit stomach acid to back up into the lower end of the esophagus—may be involved.

The use of drugs to treat such conditions as esophageal reflux ("heartburn"), hiatus hernia, esophagitis and esophageal ulcer, and swallowing difficulties—as well as the enormous popularity of antiulcer medications—has led to the hypothesis that these drugs may be a causative factor.

One such group of drugs is the anticholinergic agents—containing atropine, scopolamine, and other belladonna alkaloids—used to treat painful spasms of smooth muscle in the gastrointestinal tract. The lower esophageal sphincter is one such smooth muscle mass, which relaxes to allow food to pass into the stomach but then tightens to prevent reflux of stomach acid into the esophagus. The use of anticholinergic agents to relax smooth muscle spasm may allow such reflux to occur.

The drugs commonly used to treat peptic ulcer (histamine H_2 receptor antagonists) have also been linked hypothetically to the increase in these cancers. The *cardia*—the particular portion of the stomach that joins the esophagus—lacks the acid and pepsin cells found elsewhere throughout the stomach lining. For reasons not well understood, the H_2 receptor antagonists have been suspected to play a role in the development of cancers of the cardia. Two of these drugs, ranitidine hydrochloride (Zantac) and cimetidine (Tagamet), are among the most frequently prescribed drugs in the world.

Given the widespread use of such drugs, which are now available over the counter, the need for epidemiological studies to evaluate their potential risk is evident. One such study, funded by the National Cancer Institute, was reported in the *Journal of the American Medical Association*, August 9, 1995. The study was conducted by the Southern California Permanente Group of Los Angeles—the Kaiser Foundation Health Plan serving more than two million members.

The case records of 196 plan members diagnosed with adenocarcinomas of the esophagus and gastric cardia from 1986 to 1992 were compared with the case records of 196 other members matched for membership at time of diagnosis, sex, year of birth, and duration of membership. The records were examined for the use of H_2 antagonists and anticholinergics. The former included ranitidine hydrochloride, cimetidine, nizatidine (Axid), and famotidine (Pepcid); the latter comprised dicyclomine hydrochloride (Bentyl),

continued on page 5

"You eat too fast."

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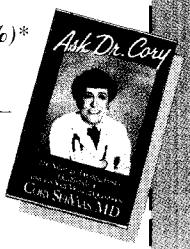

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Post People

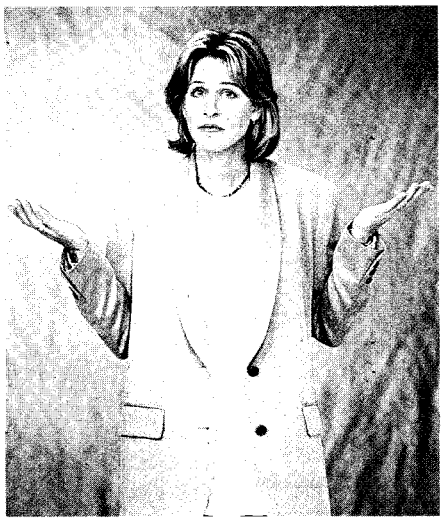
"I've never been a quitter," says ***Tony Danza,*** 44-year-old boxer, actor, singer, and tap-dancer who is currently justifying the statement with "Hudson Street," his new ABC-TV series, in which he plays Tony Canetti, a detective and divorced dad.

Danza recalls two occasions when quitting might easily have been forgiven: being knocked down twice in the first 20 seconds of a heavyweight fight and a skiing accident a couple of years ago that left him "a mass of broken bones," including his back.

But aside from these hardships, most people just fondly recall his previous "Tony" incarnations—first as Tony Banta in "Taxi," then for eight years as Tony Micelli in "Who's the Boss?" His resurrection also includes a nine-year marriage to Tracy Robinson; a movie, *Mama Mia*; and a nightclub act at Merv Griffin's Resort Casino Hotel in Atlantic City ("I always wanted to be like Sammy Davis, Jr."). ▲

Ellen DeGeneres once saved a bird's life by giving it mouth-to-beak resuscitation after it had smashed into a plate-glass window. Breathing life into her budding career, however, was a different matter.

After moving from New Orleans to Atlanta, Texas—"where the school tennis team was me and the janitor"—then back to New Orleans, she spent years painting houses, waiting tables, working as a secretary in a law firm, and hating it all. Eventually, a couple of amateur gigs conjuring up laughs and emceeing at a local comedy club inspired the thought, *I might be able to earn a living doing this.*

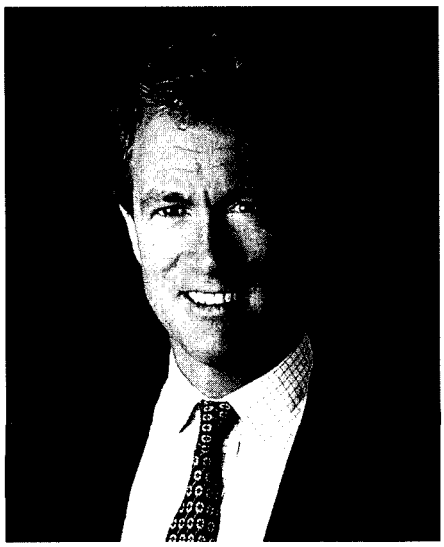


Today, at 37, DeGeneres has a top-rated ABC-TV comedy series, "Ellen," which just celebrated its first anniversary. Her book, *My Point . . . And I Do Have One,* has been published; her first feature movie, *Mr. Wrong,* begins filming this spring. She owns a black Mercedes and a house on a hill. She has been crowned "the funniest person in America" and has hosted the Emmy Awards.

The days of waiting tables appear to be over. ▲

Dr. Bob Arnot doesn't claim that exercise guarantees eternal life, or anything like that. But throughout the pages of his never-say-die manual, *Dr. Bob Arnot's Guide to Turning Back the Clock,* the CBS network medical correspondent uses his own rigorous lifestyle to prove his theories on high-energy, "better than we ever were" living.

Among these theories, with correct preparation—workouts and proper nutrition—men can remain competitive at least until age 45, not only with each other but with kids 20 years younger and at Olympic levels of competition in almost every sport.



Dr. Arnot does not refer to *moderate* changes in lifestyle. "As soon as one slips a little, he's back to square one," he says. "Radical change makes a radical difference, and radical differences are the ones that stick."

For those radical changes, he advises buying the best training equipment, recognizing your shortcomings, taking advantage of your experience, and varying your workouts. Many of the aches and pains chalked up to aging are really caused by bad training, he points out. ▲

"No other voice of such magnificence in popular music."

"Barbara Cook should be declared a national treasure."

A major star of Broadway stage and concerts—here and abroad—Barbara Cook, now 68, made her mark with her Tony-winning role of Marian the Librarian in *The Music Man* during the '50s. From the Boston Pops to the New York Philharmonic, from the prestigious cultural sites of Carnegie Hall to La Fenice Opera House in Venice, she has been "caressing our ears with sounds that simply can't be heard anywhere else."

If you are a stranger to these sounds, don't despair. Barbara Cook's recent albums include *A Cabaret Christmas, Thumbelina, Live from London,* and the current *The Broadway Years—Till There Was You.* It's not too late to check out the source behind the critics' universal praise. ▲

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FOOD

MIGHTY, MEATY MUSHROOMS

Exciting new varieties are creating a new mushroom awareness from the backyard barbeque to the dinner table.

by Ted Kreiter

The ancient Roman elite considered mushrooms to be "food for the gods," too good for the common people. Special servants prepared and served the delicacies in silver vessels called *boletaria*.

Today, mushrooms are available to everyone, but they're still considered special. By virtue of their exotic appeal, even the most common of mushrooms can lend an extra touch of class to a meal. Enterprising chefs long ago learned how to harness the mushroom mystique to their advantage. And so can you.

There's only one important rule in mushroom cooking: Mushrooms go with everything. The meaty morsels can be eaten raw, sautéed, roasted, microwaved, stewed, dipped in sauce, pickled, cooked in soup, spread on a sandwich, scrambled with eggs, tossed with pasta, sprinkled over meat, cut up in a salad, stuffed with garlic or cheese, sliced on a pizza, or fried in gravy. We've even seen mushroom bread!

For some mushroom lovers, the simpler the preparation, the better. One connoisseur in California (where mushroom experts run somewhat ahead of the pack) suggests simply twisting off the stems, filling the mushrooms with sour cream, and roasting them under the broiler. "There's nothing better," he says.

The latest fad in mushroom cooking is grilling, an activity made even more mouth-watering by the rise of portabellas, those jumbo-size, brownish-gold beauties that are becoming a national cooking phenomenon. Just a few years ago, mushroom growers commonly threw portabellas away. There was simply no market for these grown-up versions of the European-style brown criminis. Suddenly, people woke up to the fact that these saucer-sized mushrooms (they can reach six inches in diameter) had a superior flavor—a combination, some say, of filet mignon and lobster. Now, portabellas are available everywhere. Portabella burgers have become the hottest thing in grilling.

You may have seen portabellas in the supermarket, whole or sliced and packaged. They command a higher price than the common white agaricus mushrooms.

Portabellas are classed with the exotics: shiitake, enokis, oyster mushrooms, and others, all of which possess unique flavors and textures. Although grown commercially, exotics can all be found growing (somewhere) in the wild, whereas the common white agaricus is a hybrid, popping up only in supermarkets.

That doesn't make our most popular domestic mushroom less interesting. In fact, most agaricus mushrooms come from a single strain, developed by the Dutch less than 20 years ago—a product of eight years' research and some 800 cross matches to produce a nice, firm, white, long-lasting fruit. But if you think these tasty morsels are the

Mushroom Medley Chowder (above) and mushrooms sautéed with meat.

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50 Beloved Songs of Faith

By Special Arrangement With Reader's Digest

By special arrangement with Reader's Digest and America's leading record companies we proudly present one of the most beautiful and needed music treasuries ever made. Yes! You get 50 of America's favorite stars and groups singing your all-time favorite songs of faith.

Your spirits will soar as you hear each of these famous stars sing of the joy and comfort they've found in God's love. Every song is a cherished favorite and every performer is one you know and love. Just read the list of classic hymns and gospel songs below.

It Is No Secret
Jim Reeves

Bless This House
Perry Como

In The Garden
Loretta Lynn

Take My Hand, Precious Lord
Eddy Arnold

Wings Of A Dove
Dolly Parton

I Love To Tell The Story
Pat Boone

Me and Jesus
Tammy Wynette & George Jones

Abide With Me
Don Hustad Chorale

He Touched Me
Bill Gaither Trio

Nearer My God To Thee
Jack Halloran Male Chorus

Great Speckled Bird
Roy Acuff

I'll Fly Away
Charley Pride

Standing On The Promises
Johnson Family

Church In The Wildwood
Mike Curb Congregation

When They Ring Those Golden Bells
David Houston

Lily Of The Valley
Wayne Newton

Blessed Assurance
George Beverly Shea

In The Sweet By and By
Johnny Cash

Amazing Grace
Willie Nelson

One Day At A Time
Cristy Lane

May The Good Lord Bless And Keep You
Kate Smith

Sweet Hour Of Prayer
Jim Nabors

The Bible Tells Me So
Roy Rogers and Dale Evans

When The Roll Is Called Up Yonder
Marty Robbins

The Family That Prays
Porter Wagoner

I Need Thee Every Hour
Scott Singers

What A Friend We Have In Jesus
Norma Zimmer & Jim Roberts

Precious Memories
Jimmy Dean

Beautiful Isle of Somewhere
The Three Suns

How Great Thou Art
Jim Roberts

Brighten The Corner
Anita Kerr

Rock Of Ages
B.J. Thomas

Old Rugged Cross
Ray Price

Family Bible
George Jones

Jesus Loves Me
Tennessee Ernie Ford

Peace In The Valley
Floyd Cramer

Will The Circle Be Unbroken
The Carter Family

Beyond The Sunset
Red Foley

Crying In The Chapel
Elvis Presley

I Saw The Light
Hank Williams, Sr.

Jesus Is Coming Soon
Oak Ridge Boys

Softly and Tenderly
Guy & Raina

A Beautiful Life
Statler Brothers

Swing Low, Sweet Chariot
Doris Ackers

Whispering Hope
The Browns

Someone To Care
Jimmie Davis

Bringing In The Sheaves
Burl Ives

Help Me
Larry Gatlin

Just A Closer Walk With Thee
Anita Bryant

The Lord's Prayer
Mormon Tabernacle Choir

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last word in mushrooms, hold on to your caps.

"Super" mushrooms are in the works. Two or three years from now, new strains will be arriving. Although the new line may look and taste much like today's mushrooms, they won't be the same.

Researchers around the world are attempting to engineer mushrooms genetically. Genes have been located that can make mushrooms grow faster, prevent them from turning brown, and give them a smoother texture, to mention but a few improvements. Ultimately, future changes may lead to higher production and lower supermarket prices.

Meanwhile, Americans are making more room for mushrooms at the dinner table. The secret of the old Roman and French chefs is out. The American appetite for this "food of the gods" has reached three quarters of a billion pounds a year and is still growing.

Grilled Portabellas

(Makes 4 servings)

4 medium-sized (about 12 oz.) fresh portabella mushrooms
2 tablespoons lite margarine
2 teaspoons minced garlic
2 tablespoons balsamic vinegar
¼ teaspoon salt (if desired)
⅛ teaspoon ground black pepper
1 tablespoon chopped fresh basil or parsley

Preheat outdoor grill or broiler. Separate mushroom caps from stems; set caps aside. Coarsely chop stems (to measure 1 cup). In medium saucepan melt margarine. Add chopped stems and garlic; cook, stirring frequently, until stems are tender, 5-6 minutes. Stir in vinegar, salt, black pepper, and basil or parsley; remove from heat. Transfer to bowl of food processor; process until finely chopped; set aside. Place mushroom caps, rounded side up, on grill or rack in broiler pan. Grill or broil 4" from heat until mushrooms are hot, 2-3 minutes. Turn; spread each mushroom with ¼ chopped mushroom stem mixture; cook until mushrooms are tender, 4-5 minutes longer. Serve on toasted rolls with sliced tomato and arugula or watercress, if desired.

Per Serving (1 grilled portabella):
Calories: 54 Carbohydrate: 4.1 gm
Cholesterol: 0 mg Protein: 2.3 gm
Sodium: 195 mg Fat: 3.0 gm
Diabetic exchange: 1 vegetable + ½ fat

Mushroom and Chicken Chili

(Makes 10-12 servings)

2 tablespoons vegetable oil
1 pound boned and skinned chicken breasts, cut in ½" chunks
1 cup chopped onion
2-4 teaspoons chili powder
1½ teaspoons ground cumin
1 teaspoon minced garlic
2 pounds variety mushrooms (white, portabella, etc.), chopped (about 10 cups)
3½ cups Red Gold crushed tomatoes
2 cans (15½ oz. each) red kidney beans, rinsed and drained
1 teaspoon salt (if desired)

In Dutch oven or large saucepot, heat oil until hot. Add chicken; cook, stirring occasionally, until golden brown, about 5 minutes. Add onion; cook, stirring frequently, until crisp-tender, about 4 minutes. Stir in chili powder, cumin, and garlic; cook, stirring frequently, until spices are fragrant, about 1 minute. Add mushrooms, tomatoes, beans, and salt; bring to boil. Reduce heat and simmer covered, about 10 minutes. Uncover, simmer until flavors are blended and sauce thickens, about 15 minutes. Serve with Monterey Jack cheese, shredded lettuce, and sour cream if desired.

Per Serving (1½ cups):
Calories: 242 Carbohydrate: 27.5 gm
Cholesterol: 31 mg Protein: 20.3 gm
Sodium: 744 mg Fat: 5.6 gm
Diabetic exchange: 1 bread + 2 vegetable + 2 lean meat
Sodium: 524 mg (without salt)

Italian Skillet Mushroom and Chicken Stew

(Makes 6 servings)

1 tablespoon vegetable oil
1 pound boned and skinned chicken breasts
1 pound quartered fresh white mushrooms (about 5 cups)
1 cup coarsely chopped onion
1 cup diced celery
1 teaspoon minced garlic
2 cans (14½ oz. each) Red Gold Italian stewed tomatoes (use low-salt variety if needed)
½ teaspoon salt (if desired)
8 ounces trimmed and halved fresh green beans (2 cups)

In large nonstick skillet, heat oil until hot. Add chicken; cook until brown, 3-4 minutes a side; remove from skillet. To skillet add mushrooms, onion, celery, and garlic; cook, stirring frequently, until tender, 6-8 minutes. Add tomatoes, salt, and chicken; top with green beans. Cover and simmer until chicken is cooked through, 5-6 minutes

continued on page 68

KNOW YOUR MUSHROOMS

TYPE	FLAVOR	USAGE
Domestic	*Mild flavor which intensifies when cooked. Those with open veils are more mature and have a richer taste.*	*Extremely versatile. Add to soups, salads, stir-fries, and pasta. Serve raw with dips or sauté to top meat or poultry.*
Shiitake	*Full-bodied, meaty flavor and spongy texture when cooked.*	*Sauté in butter and garlic, grill, or add to stir-fries, pastas, soups, poultry, & meat dishes. Delicious in many cooked dishes.*
Oyster	*Soft, meaty texture and delicate texture when cooked.*	*Slice raw in salads, or cook with chicken, seafood, veal, pork, or vegetable dishes.*
Enoki	*Light, mild flavor and crisp texture.*	*Toss raw enoki in salads, tuck into sandwiches, and use as a garnish for soup.*
Portabella	*Rich, earthy, meaty flavor.*	*Excellent to grill, sauté, deep fry, or add to stir-fries.*

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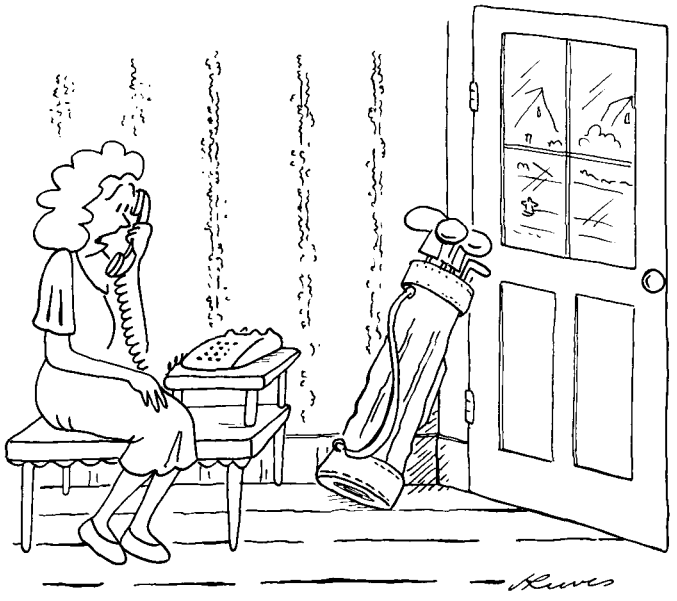
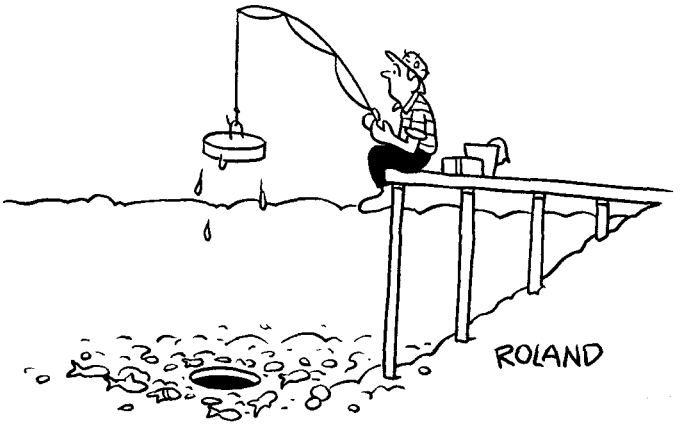
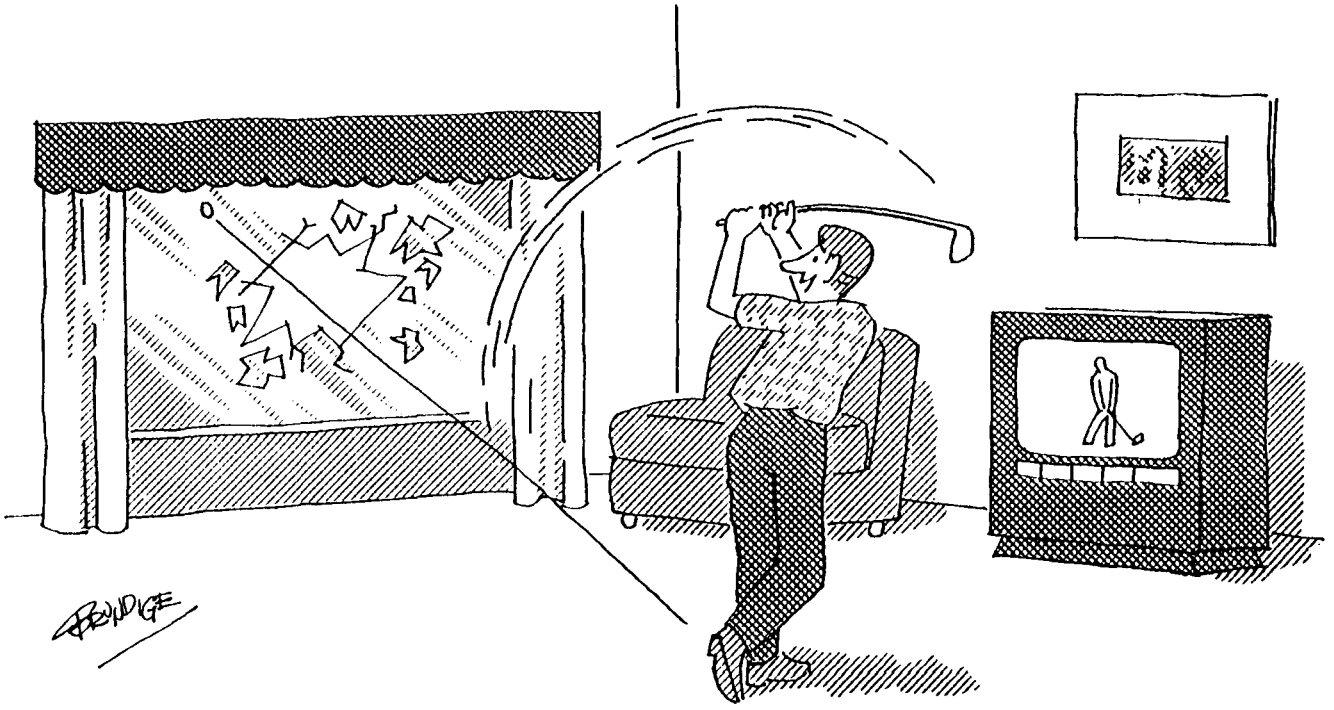
SPORTING CHANCE



"I tell you my husband has been kidnapped. I have proof he left against his will."



"I propose that we go fishing."



"Oh, great, I've corrected my slice!"

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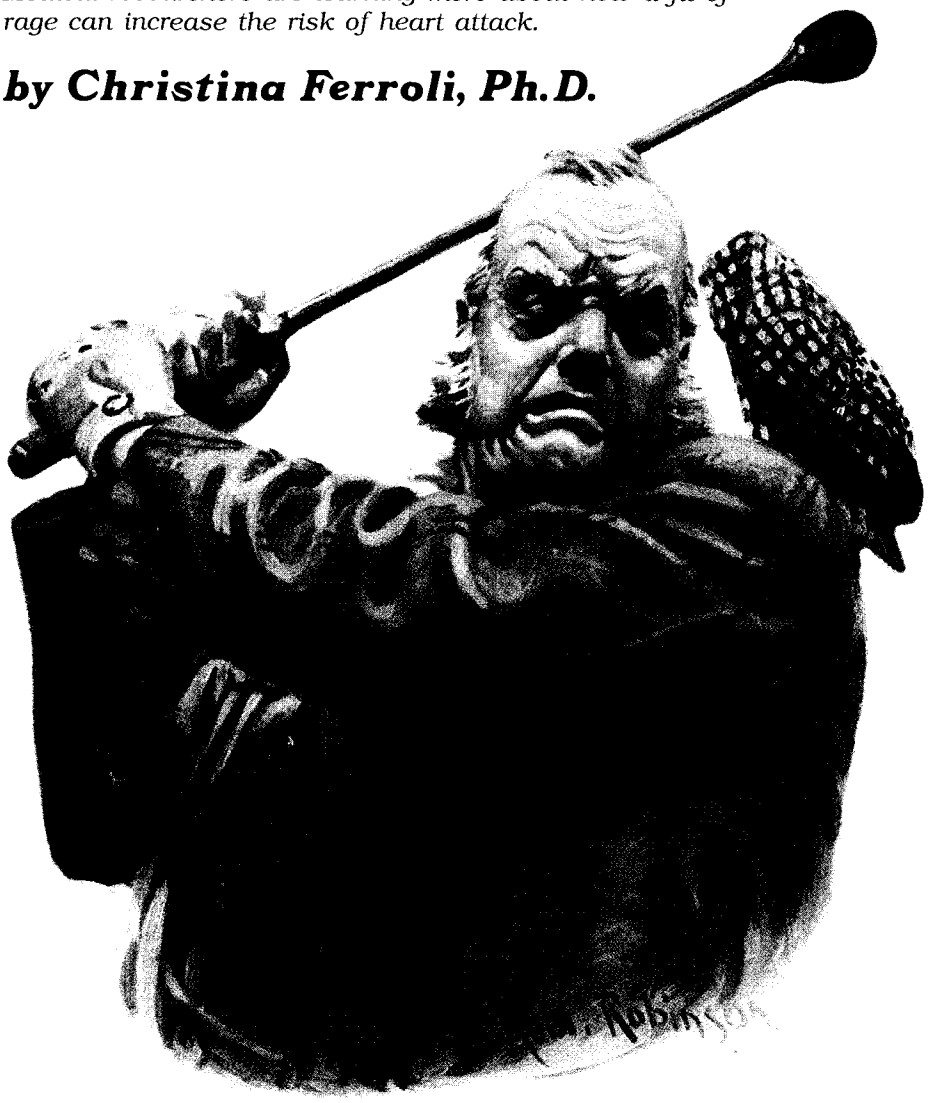
HEARTBEAT

The Healthy Heart Report

ANGER COULD BE A FATAL FAULT

Medical researchers are learning more about how a fit of rage can increase the risk of heart attack.

by Christina Ferroli, Ph.D.



Has the boss or your spouse ever got you so upset that mayhem crossed your mind? Did the mental tempest simmer until your face turned red, your blood pressure soared, and you thought, "Oh, oh, here comes the big one"?

That extreme stress or sudden anger might bring on a heart attack is a commonly held notion, but how often does this happen? Recently, researchers have taken a serious scientific look at the role anger and other external events play in triggering heart attacks. A better understanding of these factors, they believe, may lead to innovative ways of severing the link between those anger-causing stressors and their potentially lethal consequences.

Previous studies suggest that negative emotions such as anger, hostility, and cynicism are the critical "toxic" components of the "type A" personality, long associated with increased risk for heart attacks. Some estimates claim that 4 to 18 percent of sudden heart attacks in people with coronary artery disease occur immediately after some kind of emotional stress. Recently, a Harvard University team looked specifically at levels of anger and anxiety and determined that anger can significantly increase the risk of a heart attack in people with coronary artery disease. They interviewed 1,623 heart attack victims ages 20 to 92. To measure the degrees of emotions, the team devised a seven-level anger scale, ranging from "calm" to "very angry" to "enraged."

Results showed that the risk of heart attack rose significantly during the first two hours after an outburst of anger. This increased risk was associated with at least a level five on the "onset anger scale." At level five the person is "very angry, tense, and clenching fists or gritting teeth." Furthermore, 133 subjects reported intense anger within the 24 hours before their heart attacks. Arguments with family members were the most frequent cause of anger, followed by conflicts at work and legal problems.

The Harvard researchers also discovered that regular aspirin use or prescribed cardiac medications such as beta-adrenergic blockers can reduce the risk posed by brief episodes of anger.

But the rate of heart attack observed by the Harvard study may be only the "tip of the iceberg" where anger is concerned, says Jeffrey Boone, M.D., director of stress medicine and hypertension at the Cooper Aerobics Center in Dallas.

"There is a lot more associated with anger than just the heart attack," Dr. Boone says. "Blood pressure surges. The blood clots more quickly. The pulse quickens. Blood vessels constrict, and blood-flow patterns change. Immunity changes. T cells and B cells change with adrenaline and other stress chemicals associated with anger. Before the anger episode actually triggers a heart attack, there may have been countless thousands of episodes that accelerated the heart-risk situations, which may have been the punches softening the body for the knockout."

This long-term effect of the anger response may have played a role in results observed in a Duke University study. A group of lawyers were divided

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See important additional information on adjacent page.

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Brief Summary of
Prescribing Information as of April 1993

CARDIZEM® CD
(diltiazem HCl)
Capsules

CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by x-ray on admission.

WARNINGS
1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (13 of 3290 patients or 0.40%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Worsening of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General
CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any drug given over prolonged periods, laboratory parameters of renal and hepatic function should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.
Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interactions
Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with other agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolism. Especially in patients with renal and/or hepatic impairment, dosages of similarly metabolized drugs, particularly those of low therapeutic ratio, may require adjustment when starting or stopping concomitantly administered diltiazem to maintain optimum therapeutic blood levels.
Beta-blockers. Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities.
Administration of CARDIZEM (diltiazem hydrochloride) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. In vitro, propranolol appears to be displaced from its binding sites by diltiazem. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)
Cimetidine. A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1200 mg per day and a single dose of diltiazem 60 mg. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system responsible for the first-pass metabolism of diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.
Digitalis. Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is *recommended that digoxin levels be monitored when initiating, adjusting, and* discontinuing CARDIZEM therapy to avoid possible over- or under-digitalization. (See WARNINGS.)
Anesthetics. The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.
Cyclosporine. A pharmacokinetic interaction between diltiazem and cyclosporine has been observed during studies involving renal and cardiac transplant patients. In renal and cardiac transplant recipients, a reduction of cyclosporine dose ranging from 15% to 48% was necessary to maintain cyclosporine trough concentrations similar to those seen prior to the addition of diltiazem. If these agents are to be administered concurrently, cyclosporine concentrations should be monitored, especially when diltiazem therapy is initiated, adjusted, or discontinued.
The effect of cyclosporine on diltiazem plasma concentrations has not been evaluated.
Carbamazepine. Concomitant administration of diltiazem with carbamazepine has been reported to result in elevated serum levels of carbamazepine (40% to 72% increase), resulting in toxicity in some cases. Patients receiving these drugs *concurrently should be monitored for a potential drug interaction.*

Carcinogenesis, Mutagenesis, Impairment of Fertility
A 24-month study in rats at oral dosage levels of up to 100 mg/kg/day and a 21-month study in mice at oral dosage levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was also no mutagenic response in vitro or in vivo in mammalian cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in a study performed in male and female rats at oral dosages of up to 100 mg/kg/day.

Pregnancy
Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use
Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.
The following table presents the most common adverse reactions reported in placebo-controlled angina and hypertension trials in patients receiving CARDIZEM CD up to 360 mg with rates in placebo patients shown for comparison.

CARDIZEM CD Capsule Placebo-Controlled Angina and Hypertension Trials Combined

Adverse Reactions	Cardizem CD (n=607)	Placebo (n=301)
Headache	5.4%	5.0%
Dizziness	3.0%	3.0%
Bradycardia	3.3%	1.3%
AV Block First Degree	3.3%	0.0%
Edema	2.6%	1.3%
ECG Abnormality	1.6%	2.3%
Asthenia	1.8%	1.7%

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving over 3200 patients, the most common events (ie, greater than 1%) were edema (4.6%), headache (4.6%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (1.4%), nausea (1.4%), and rash (1.2%).
In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials:
Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles
Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor
Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dysgeusia, dyspepsia, mild elevations of SGOT, SGPT, LDH, and alkaline phosphatase (see hepatic warnings), thirst, vomiting, weight increase
Dermatological: Petechiae, photosensitivity, pruritus, urticaria
Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irritation, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties
The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, erythema multiforme, exfoliative dermatitis, extrapyramidal symptoms, gingival hyperplasia, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. In addition, events such as myocardial infarction have been observed which are not readily distinguishable from the natural history of the disease in these patients. A number of well-documented cases of generalized rash, characterized as leukocytoclastic vasculitis, have been reported. However, a definitive cause and effect relationship between these events and CARDIZEM therapy is yet to be established.

Prescribing Information as of April 1993

Marion Merrell Dow Inc.
Kansas City, MO 64114

ccdb0493p

according to their personalities, either type A or type B, and according to their anger and hostility levels. Twenty-five years later, researchers found a roughly equivalent rate of death due to cardiovascular disease between the type A and type B personalities. But when they adjusted for hostility and anger, the hostile and angry lawyers were dying at seven times the rate of the non-hostile, nonangry lawyers. A similar study conducted on physicians resulted in a five-times-higher rate of death in angry and hostile physicians.

Dr. Boone and colleagues at the Cooper Aerobics Center use the Mental Office-Based Stress Test (MOST) to help identify individuals who would be at risk for heart attacks while under stress. The test measures blood pressure changes under "induced-stress" conditions, such as performing a difficult mathematical task or plunging one's hand into ice cold water.

"We stress the individual in ambulatory-equivalent ways," Dr. Boone says, "to find out, for example, what he or she is like when deadline is an hour away, the editor has changed everything and cut the article in half. What is the blood pressure, anger level, blood flow, and clotting? Generally, the body in that situation responds much like it would if in battle, and that is not appropriate.

"If I tested you and saw a blood pressure surge during a standard stress test, it would indicate that during what you perceive to be stress in your life, you are likely to have these blood pressure surges that may be predictive of future cardiovascular problems."

What can be done about stress? Being physically fit may help. Researchers at the Cooper center, led by Dr. Boone, looked at the blood-pressure response to competitive mental challenge, correlating it to physical fitness. "There was a substantially poor blood pressure and heart response to mental challenge for people who were out of shape," Dr. Boone says, "but once you got into moderate-to-good levels of physical condition, response to stress improved from a cardiovascular perspective.

"Most medicine is still focused on high-tech approaches," Dr. Boone says, "but there is a huge cost savings to be gained when you are able to use lifestyle interventions rather than rescue by bypass surgeries. If we can identify and intervene at times when anger is associated with blood-pressure surge, we should notice improvement in the incidence of heart attack." ▲

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COLD COMFORT

Layer clothing for enjoyable outdoor activity.

by Carol Krucoff

Illustrated by Don Trawin

If you're heading outdoors to hike, chop wood, skate, or do any other physical activity in cold weather, don't bundle up. Overheating can be a serious problem for people who exercise in the cold, note experts, who say it's better to layer on clothing.

"Balance how hard you'll be working out with how cold it is, and wear appropriate layers you can shed like shells as your body heats up with activity," says environmental physiologist Andrew Young, a cold-weather specialist with the U.S. Army Research Institute of Environmental Medicine in Natick, Massachusetts. If you slow down or stop exercising, you can put one or two layers back on.

Young instructs soldiers who are dressing for cold-weather assignments to remember the acronym COLD, which stands for Clean, avoid Overheating, Layer, and Dry. "Clothes should be clean so that oil and dirt don't accumulate in the pores of the clothing and interfere with ventilation," he says.

"And it's important to avoid overheating, since that will cause your clothes to get soaked in sweat." If you stop your activity or if a strong wind blows while you're wearing perspiration-soaked clothes, you're likely to get chilled.

In addition, "once your workout clothes get sweat-soaked, they can lose as much as 90 percent of their insulating capabilities," notes the *Penn State Sports Medicine Newsletter*. That's why it's also important to layer on clothes and keep dry.

The key to layering is choosing fabrics that will move perspiration away from your body while helping retain heat. Here's a guide to a three-layer system that should keep you comfortable during most cold-weather workouts.

- **Inner layer.** The fabric next to your skin should be lightweight, snug-fitting, and able to carry perspiration away from the body. Look in athletic-wear or trail shops for undershirts made of synthetics, such as polypropylene or acrylic, designed for this purpose. Avoid 100 percent cotton, because it absorbs moisture. If you like the feel of cotton, choose a blend of 40 percent cotton, 60 percent polyester. On colder days, layer nylon tights or polypropylene leggings under your pants.
- **Middle layer.** This is the insulation layer, which should also transfer moisture and provide warmth. Choose a slightly thicker fabric that fits loosely over your inner layer to trap the air warmed by exercise-generated heat. In very cold weather, wool is often used for this layer because its crimped fibers retain insulating air. If you find wool too heavy, try lighter-weight synthetics such as acrylic or polyester fleece.
- **Outer layer.** Like a protective shell, this layer shields you from wind, rain, and snow. A light nylon jacket

continued on page 84

Zippered garments allow you to unzip as much as you want for comfort when you heat up from activity.

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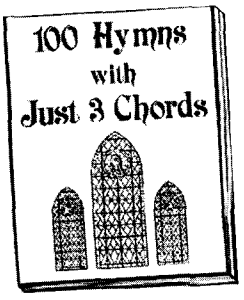

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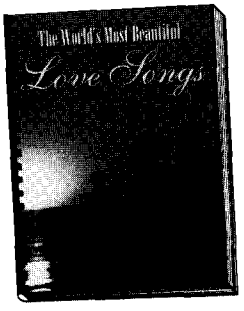

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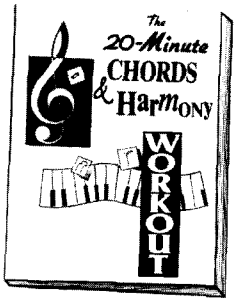

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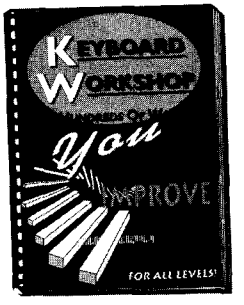

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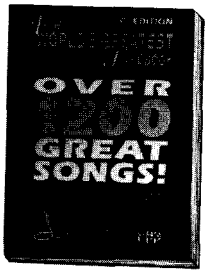

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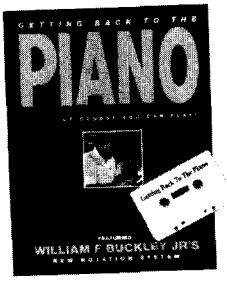

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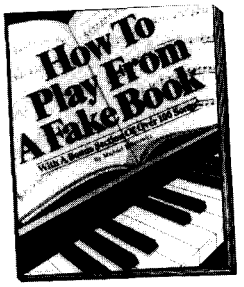

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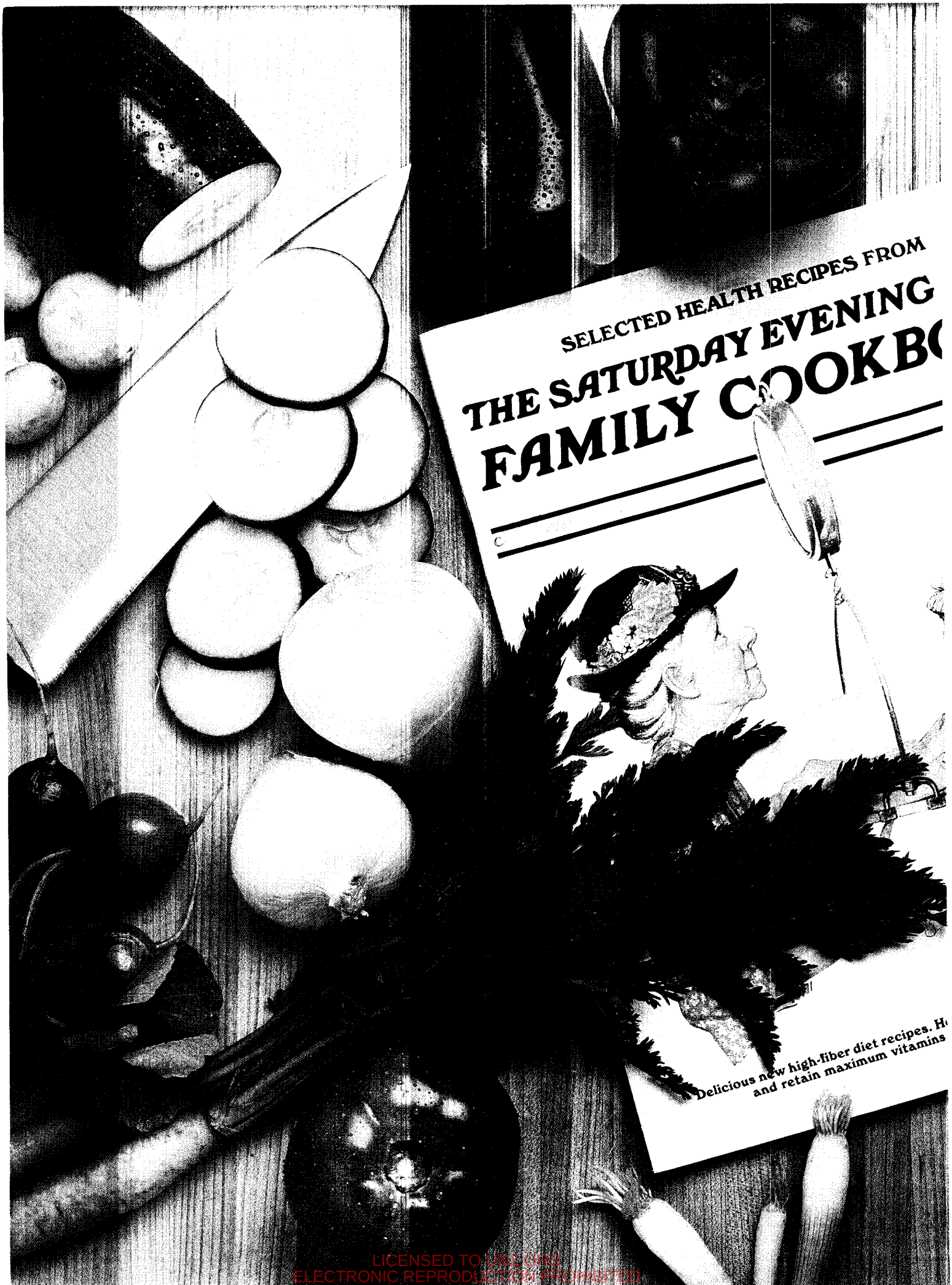

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TRAVEL LANGUAGE

Anyone who travels in foreign countries can testify that what used to be the king's lingo has become but a poor relation thereof.

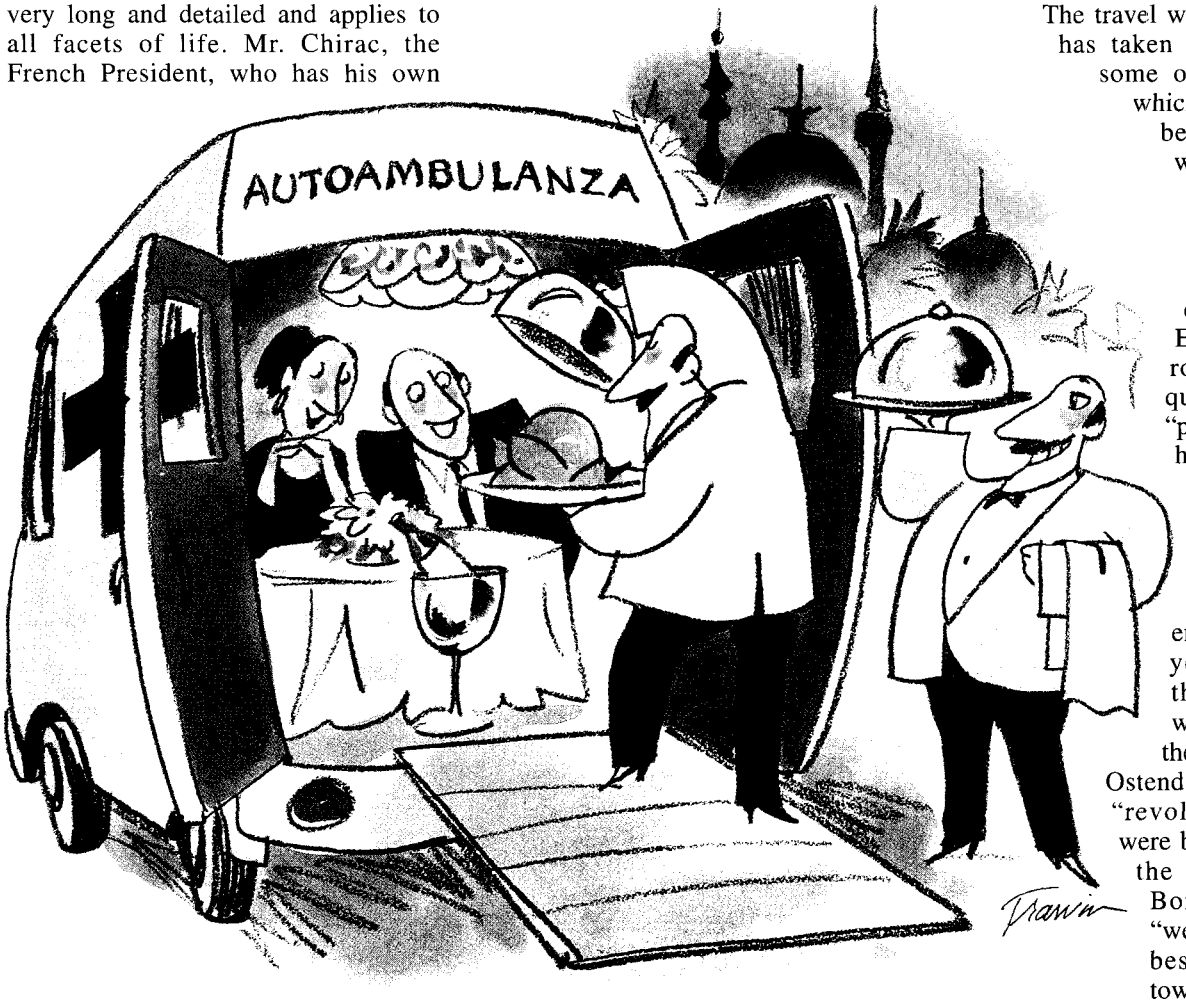
by Karsten Schmidt

Illustrated by Don Trawin

The *Academie Francaise* has for decades been the watchdog over the French language. A few years ago, French sensitivity to the influx of English words became so great that a law for the purification of French was adopted. The law covers even technical applications. For example, in theory, it is now compulsory in France to refer to the Boeing 747 as a *gros-porteur,* a jet airplane as an *avion à réaction*, leasing as *crédit-bail*, and a discount store as a *mimige.* The list is very long and detailed and applies to all facets of life. Mr. Chirac, the French President, who has his own version of *la gloire de France,* might well expand on this list and come up with some new French terms for words such as "internet" or "byte stream," just to name a couple. The mind boggles at what the world might face.

Unfortunately (or perhaps not), the English language is not so protected. Quite apart from the unforgivable deviations from the king's English prevalent in America, where "honour" is commonly written as "honor" and "night" as "nite," many well-tested British words have also been given new meanings, making communication somewhat difficult. For example, the boot of a car has come to be called a trunk—a word reserved in England for the main part of a tree. The bonnet is a hood, good old nappies are diapers, a cot is known as a crib, and a baby's matinée jacket is a vest. It's obvious that the two countries are indeed separated by what once was a common language! From an American point of view, of course, it could be argued that the British speak English with a speech deficiency.

Even worse English, however, is in use. Anyone who travels in foreign countries and observes it on menus and posters, in hotels, and indeed in everyday life can testify that what used to be the king's lingo has become in these places but a poor relation thereof. Allow me to elaborate.



The travel writer Perrot Phillips has taken pains to highlight some of his experiences, which I feel should not be withheld from a wider readership. He refers to a Dutch bulb catalogue which promised customers "a speedy execution" and to an East Berlin cloakroom sign that requested guests to "please hang yourself here." One hopes that nobody took the advice literally.

To these I can add some of my own experiences, encountered in long years of traveling the world. There was, for example, the observation in an Ostend novelty shop that "revolting new ideas" were being marketed, and the boast of some Bombay bakers that "we are No. 1 loafers, best value in whole town."

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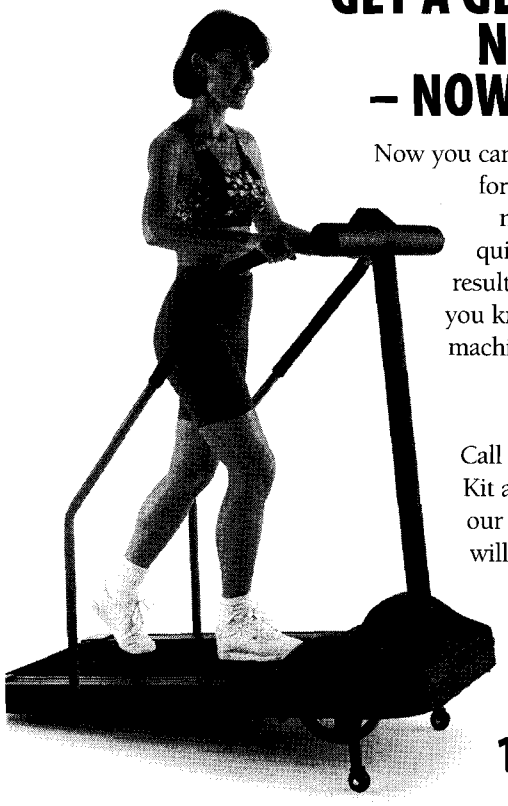

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I realized how far Christianity had come when I read in Hong Kong the following call by a dentist: The teeth they are extracted here by the latest Methodists.

I fear it cannot be answered with certainty whether these actually illustrate a progressive use of English or are simply reflections of local usages. I feel quite strongly, however, that the Haifa Medical Association should have prevented one of its members from claiming on his brass plate that he is a "Specialist in Women and Other Diseases."

Hotels seem to revel in their multilingual signs. One supposes these signs were designed to facilitate the use of modern services in otherwise sterile and barely functional establishments. Nevertheless, the unsuspecting guests confronted in a Brussels hotel with the following instruction for the use of the lift (elevator) might well prefer to walk: "To move the lift, push button to wishing floor. If the cabin should enter more persons, each one should push number of wishing floor. Driving is then going alphabetically by natural order. Button retaining pressed position shows received command for visiting station." The less sophisticated notice in Istanbul ("To call room service, please to open door and call ROOM SERVICE") at least does not confront the guest with electronics that might not always work.

In Turkey, the delight in "straight talk" expresses itself in the by-now-famous Ankara brochure which advises, "Visit our restaurant where you can eat Middle East foods in an European Ambulance." A note on a Swiss menu that "our wines leave nothing to hope for" was equally inviting.

In Frankfurt, Germany, I saw to my surprise that a hotel restaurant's menu contained as a main course "Condom Bleu," thereby inviting the gourmet's mind and taste buds to test new fields of endeavour.

Eastern European courtesies have never left the once grand hotels of the former Austro-Hungarian empire. A notice in the hotel rooms that "the honoured guests are invited to take advantage of the chamber maids from 12-14 o'clock" might, however, result in some unplanned traffic jams. A recent Moscow exhibition's announcement drew attention to "a showing of 300 paintings by Russian artists, most of whom were executed in the last ten years"—hardly a welcoming thought to the occasional visitor.

A Bangkok laundry's advertisement to the visiting public ("Leave your clothes here and enjoy yourself") could also be seen as an invitation to extracurricular activities in that Far Eastern capital of fun.

In Rome, a laundry advertised a similar invitation: Ladies, leave your clothes here and spend the afternoon having a good time.

It should not surprise the traveller that nightspots advertise their wares in Europe in many and diverse languages. The German preoccupation with Majorca led a Munich nightclub to copy a trilingual Palma announcement that dancing was going on in what is indeed a surprising way. The notice read, *"Baile! Baile! Baile!"* in Spanish, *"Tanz! Tanz! Tanz!"* in German, and "Balls! Balls! Balls!" in what was meant to be English. We are spared the upper Bavarian version of the activity.

The Black Forest Germans, on the other hand, are known to be rather

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Antioxidant Cookbook

Cory SerVaas, M.D.

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About the Author: Cory SerVaas, M.D., editor-in-chief of *The Saturday Evening Post* and author of five cookbooks, researches medical breakthroughs from around the world. Founder of the Children's Better Health Institute, Dr. SerVaas converted the Institute's well-known children's magazines into instruments of health education. In 1988, Dr. SerVaas contributed her important medical input to the Presidential Commission on the HIV Epidemic and later joined the President's Council on Physical Fitness and Sports, serving with Arnold Schwarzenegger from 1990-1994.

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HOME IMPROVEMENT

DECLARING WAR ON GERMS

A few minutes daily maintenance can help you keep bathroom bacteria at bay and avoid that once-a-week scrubbing marathon.

by Don Aslett

The restroom in the commercial building was a sight to behold. A line of sinks stretched to infinity, and the toilet stalls looked like the starting gate at Santa Anita. This huge restroom was used by 250 people, and it just radiated cleanliness. The chrome glistened, and the porcelain of the sinks and toilets sparkled germ-free—and the matron only spent an hour per day to keep it that way.

Clean Your Bathroom in 3½ Minutes

Considering the average home bathroom's size and use, and that matron's production time, you should be able to keep your bathroom in that same immaculate condition in 3½ minutes a day! Sound impossible? Not if you put some professional techniques to work. The "commercial approach" to cleaning your bathroom is simple and will save you time—the secret, of course, being to spend a few minutes each day keeping it clean rather than indulge in a big once-a-week clean-and-scrub siege. The preventive approach here—maintaining your bathroom regularly and efficiently—is smart.

Again, tools and supplies are important. You'll have to bite your lip and disregard most of the old standbys such as abrasive cleansers, deodorant sprays, magic toilet spices, perfumed blocks, wonder wicks, and blue bowl seltzers. The following is a regular cleaning program that eliminates the need for these.

Spray and sponge are preferable to old-style mop and elbow grease.

Essential Supplies

To avoid wasted time, damage to fixtures, and poor results, go to the local janitorial-supply store and purchase scented or unscented disinfectant cleaner concentrate—it's what hospitals use. (Get a *quaternary* cleaner; its active ingredient is ammonium chloride. Avoid the phenol-based cleaners; they're too toxic for home use.) This liquid, if diluted according to the directions on the bottle and used correctly, will clean quickly and efficiently, and eradicate or retard bacterial growth. This will eliminate not only smells but the need for the expensive perfumed preparations you've been using.

I and most other pros use this kind of disinfectant cleaner (nicknamed a "quat"), but if you clean *often* enough, most cleaners sanitize pretty well. So you could use pine cleaner or (if you live in a hard-water area) phosphoric acid cleaner, too. The secret is regularity, not letting soap scum, dirt, and mineral deposits build up to stone hardness and thickness.

While at the janitorial-supply store, pick up one plastic spray bottle for each bathroom so the bottle can be left in the room. Once the spray bottle is filled with the water and disinfectant cleaner in the correct proportion, the only other tools you need are a cleaning cloth and a two-sided scrub sponge of cellulose and white nylon mesh (for dislodging any persistent residue).

Your daily bathroom cleaning routine should be something like this: Spray and wipe the mirror if it's spotted. If not, leave it alone. Next, spray the hardware, sink, and countertops (spray ahead so the cleaner will soften and break down soil); wipe and buff the surfaces dry. They will sparkle. Do shower stalls and tubs next. Do toilet stool last.

Once the upper fixtures are clean, fall to your knees (one minute won't hurt you). Spray the floor and, with the already-damp cleaning cloth, wipe it up. This method is a lot faster and better than mixing up mop water and

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fumbling around with a mop in a 15- or 20-square-foot area.

The Benefits of Preventive Maintenance

It takes only minutes to clean a bathroom the spray-disinfectant way, and if you leave a spray bottle and cloth in the room, you can get your bathroom spotless while you wait for Junior to go potty or for the sink to fill up. The system works only if you clean the bathroom regularly, however. This keeps hard-water deposits, soap scum, toilet-bowl lines, and other soils from building up and cementing on. The basic reason you needed abrasive cleansers and acids (and dynamite) to clean the bathroom in the past was that buildup accumulated to the point of no return and had to be ground off instead of wiped off.

Don't use powdered cleansers and steel wool to grind dirt off surfaces. In most of the many thousands of houses I've cleaned in my career, the sinks, tubs, and shower units—porcelain or plastic—have had damage from improper use of acids, cleansers, and abrasive pads. The grinding abrasion that removes spots and stains also removes chrome and porcelain. This is a great reason to use the disinfectant cleaner-spray bottle system from the start. Your chrome, plastic, fiberglass, marble, and porcelain will remain bright and sound.

If you have damaged fixtures, you'll have difficulty no matter what you use, because porous surfaces collect gunk quickly and clean up slowly. Many of these surfaces—especially the shower area—will benefit from a coat of paste wax, which helps repel the scum and hard-water buildup. (Just don't wax the shower *floor*!)

A Squeegee in the Shower is Worth a Truckload of "De-limer"

After attending my seminar, many a housekeeper minimizes the problem of shower buildup by simply hanging a 14-inch squeegee in the shower. It takes only fifteen seconds for the user to leave the wall dry and clean after a shower. (Besides, squeegeeing in the nude is a unique experience!) But if you let hard water dry on your bathroom surfaces over and over again, the built-up minerals practically need to be chiseled off.

It's not a bad idea to wipe the shower chrome (faucets, etc.), too, while it's still wet. Use your bath towel to dry it after you dry yourself, and you'll leave it nice and shiny and prevent mineral-deposit buildup!

What if you already have hard-water buildup on your walls and fixtures? A professional-strength phosphoric acid "de-scaler" (for home use, you don't want anything stronger than 9 percent) will dissolve it faster and better than supermarket de-limers.

For old, stubborn soap scum, try the above first (often the hard-water deposits on a surface create little "shelves" of mineral that hold scum). If that doesn't work, use a degreaser or soap-scum remover from a janitorial-supply store.

Be careful with those things the hint-and-tip books tell you to soak in tubs and sinks overnight (such as oven grills, blinds, crusted camping gear, tools, etc.). Extended exposure to some normally harmless cleaners will often pit the fixtures.

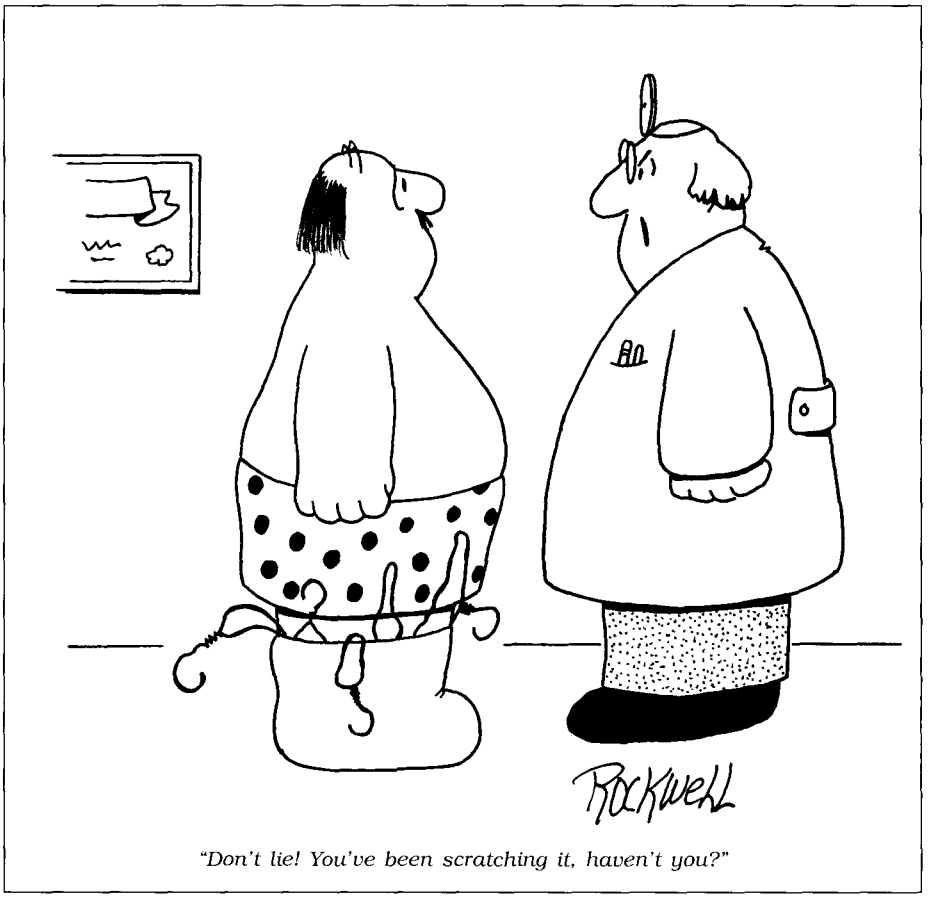
Keep your drains running free by pulling out the stopper every month or so and cleaning the collected hair off it (encouraging hair care to be practiced elsewhere than over the sink can prevent this). Boiling-hot water poured down a drain periodically ought to handle any soap scum buildup that might slow drainage down.

Cleaning Toilets

Briskly scrubbing inside a toilet bowl with a bowl brush for a few seconds each day will retard buildup and remove discoloration and lines. When you do your daily spray-cleaning of the bathroom with disinfectant cleaner, spray and wipe the entire outside of the toilet from top to bottom. Contrary to popular belief, it's the outside of the toilet that's most unsanitary. Be sure to do the base of the toilet last. This will prevent you from transporting the worst germ concentration to the faucet handles. Every couple of weeks, pour a little disinfectant into the bowl, swish the water around, and let it sit awhile. Remember, it's the *outside* of the toilet—under the seat and around the rim—that's germiest and will begin to smell if not cleaned frequently. The cold water that enters the bowl with every flush discourages bacterial growth there.

If you need to remove old buildup in the toilet, do it right. Don't pour steaming acid into the water-filled bowl and slosh it around. Dilution with water neutralizes the power of any bowl cleaner. Instead, a couple of

continued on page 82



"Don't lie! You've been scratching it, haven't you?"

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The Lucky Winners' in the Can.

Again and again, thousands of housewives tell us: "Bar Keepers Friend replaces everything under the kitchen sink . . . ." The hard-working cleanser in an environmentally friendly, totally recyclable container tackles even the toughest household chores in a snap! Rust, lime deposits, porcelain, tile, marble, chrome, stainless steel, copper, and brass—nothing escapes the cleansing power of Bar Keepers Friend! Put it to the test—you'll discover what thousands know—it's simply the best cleanser on the market! Now there's an extra incentive to join the legions of devoted Bar Keepers Friend users.

Here's how to participate. Pick up a can of Bar Keepers Friend at your local store. When the can is empty, step on it! Off pops the aluminum lid. And, if you're one of the lucky winners, you'll discover a gift card inside, announcing your prize! It could be a Rainbow watertrap vacuum cleaner, an Excel Windshear Climber, or a Jenn-Air microwave oven. Good luck! So pick up Bar Keepers Friend—you'll be glad you did!

Once Tried, Always Used!

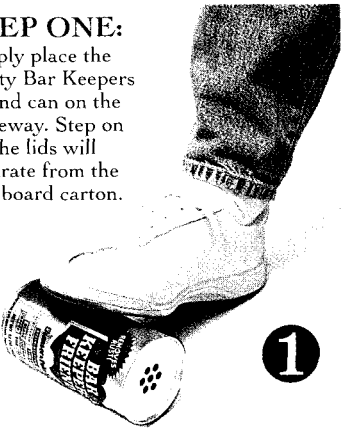
How to find your winning ticket and help the environment in one easy step.

Everyone wins when you recycle the Bar Keepers Friend can.

Not only will Bar Keepers Friend keep your household spotless, the little can with a powerful punch is totally recyclable and environmentally friendly. Prizewinner or not, everyone's a winner with Bar Keepers Friend, whose well-earned motto is—Once Tried, Always Used!

But before tossing the empty can in the recycling bins, here's how to find out if you're one of the lucky Sweepstakes Winners:

STEP ONE: Simply place the empty Bar Keepers Friend can on the driveway. Step on it. The lids will separate from the cardboard carton.



STEP TWO: If you're lucky, out will pop a sweepstakes card, announcing your sweepstakes prize.

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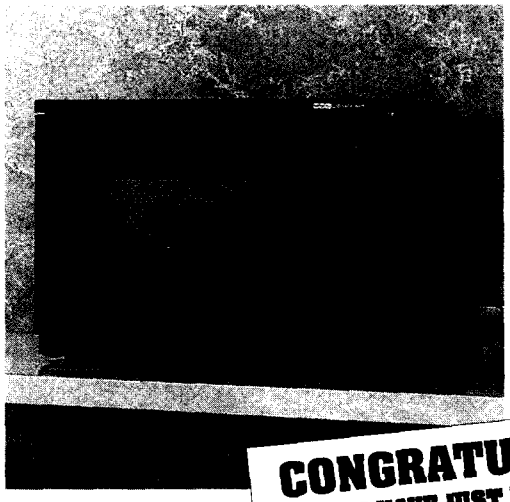
prizes are



Jenn-Air is a symbol of excellence and quality in household appliances. The designer-line Microwave Oven is no exception. Advanced programming features, like two-state memory temperature capability and preprogrammed cook code, will make meals a snap for our Second Prize Winner!

CONGRATULATIONS!
"YOU HAVE JUST WON AN EXCEL E-7500 WINDSHEAR CLIMBER."
BAR KEEPERS FRIEND
To arrange for shipment of your prize, please call (317) 636-7760.
Offer expires if not claimed by January 1, 1997

CONGRATULATIONS!
"YOU HAVE JUST WON A JENN-AIR MICROWAVE OVEN."
BAR KEEPERS FRIEND
To arrange for shipment of your prize, please call (317) 636-7760.
Offer expires if not claimed by January 1, 1997

SECOND PRIZE
Jenn-Air Microwave Oven

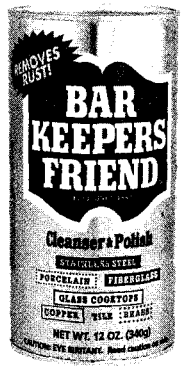
THIRD PRIZE
Excel E-7500 windshear climber

Step onto an Excel Stair Climber and you'll soon discover the ease of exercise and the benefits of good health. The Third Prize Winner will receive this state-of-the-art Stair Climber with its sturdy steel frame and quiet belt drive along with instructions on how to take the step to better health.

CONGRATULATIONS!
"YOU HAVE JUST WON A RAINBOW WATER TRAP VACUUM CLEANER."
BAR KEEPERS FRIEND
To arrange for shipment of your prize, please call (317) 636-7760.
Offer expires if not claimed by January 1, 1997

GRAND PRIZE
Rainbow watertrap vacuum cleaner system!

The Rainbow "water trap" cleaning system is simply the best and most advanced method of controlling dust and pollens in the air. Nothing else cleans carpet and upholstery like a Rainbow, as the Sweepstakes Grand Prize winner will discover!



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SAVE 50¢
ON YOUR NEXT PURCHASE OF
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Cleanser and Polish

NOTICE TO DEALERS: As our agent you may accept this coupon from retail customers. IF YOU RECEIVE IT ON THE SPECIFIED PRODUCT WE WILL REIMBURSE YOU FOR THE FACE VALUE OF THIS COUPON PLUS 8¢ FOR HANDLING. Any other use may constitute FRAUD. Proof of purchase must be submitted upon request. This coupon is void if taxed, licensed, restricted or wherever prohibited by law. Consumer must pay sales tax. OFFER LIMITED TO ONE COUPON PER CUSTOMER. Send to: SERVAAS LABORATORIES, INC., P.O. BOX 880739, El Paso, TX 88588-0739.

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POST SCRIPTS

Out in the Cold

In January take a glance,
To carefully take stock.
I'd like to see a year, just once,
When we are not in hock!

—Kathleen Y. Bergeron

Christmas Treed

On the 12th day of Christmas
My true love gave to me
The last chore of Christmas:
"Take down the Christmas tree."

—Dominic Procopio

Make-or-Break Time!

Resolutions are for
Other folks to make
For it seems they're the ones
Who have what it takes!

—Howard Wiener

Coffee Crutch

That first cup of java at dawning
Will certainly cure us from yawning.
But if we're nervous and high-strung all day,
That's the troublesome price we must pay.

—John J. Daly

Reel Cover-Up

I'm old-fashioned. I put on my best clothes to go to a movie and watch people take all theirs off.

—John Drybred

That's Not What I Said!

"How old are you, Mrs. Jones?" the census-taker asked.

"Have the Hills next door told you their ages?" she countered.

"Yes," he answered.

"Well," said Mrs. Jones, "I'm the same age as they are."

"Fine," said the census-taker, "I'll just write down then that Mrs. Sally Jones is as old as the Hills."

—Tom R. Kovach

Ol' What's-Her-Name

If I were in the White House
As U.S. President,
Would I still get those letters
Addressed to "Resident"?

—Lois Hiner

Courting Ritual

A principle that some folks
Adhere to religiously
Is that they cannot disagree
Except litigiously.

—Erica H. Stux

Any More Questions?

A teenager filling out an application for his first summer job as a factory worker was greatly perplexed at one question: "Person to notify in case of accident?"

His decision: "Anybody in sight."

—Juliana Lewis

Thankless Job

Have you noticed how these modern gals read etiquette books on weddings but apparently overlook the chapter on thank-you notes?

—Wilma Kellogg

Going Through the Motions

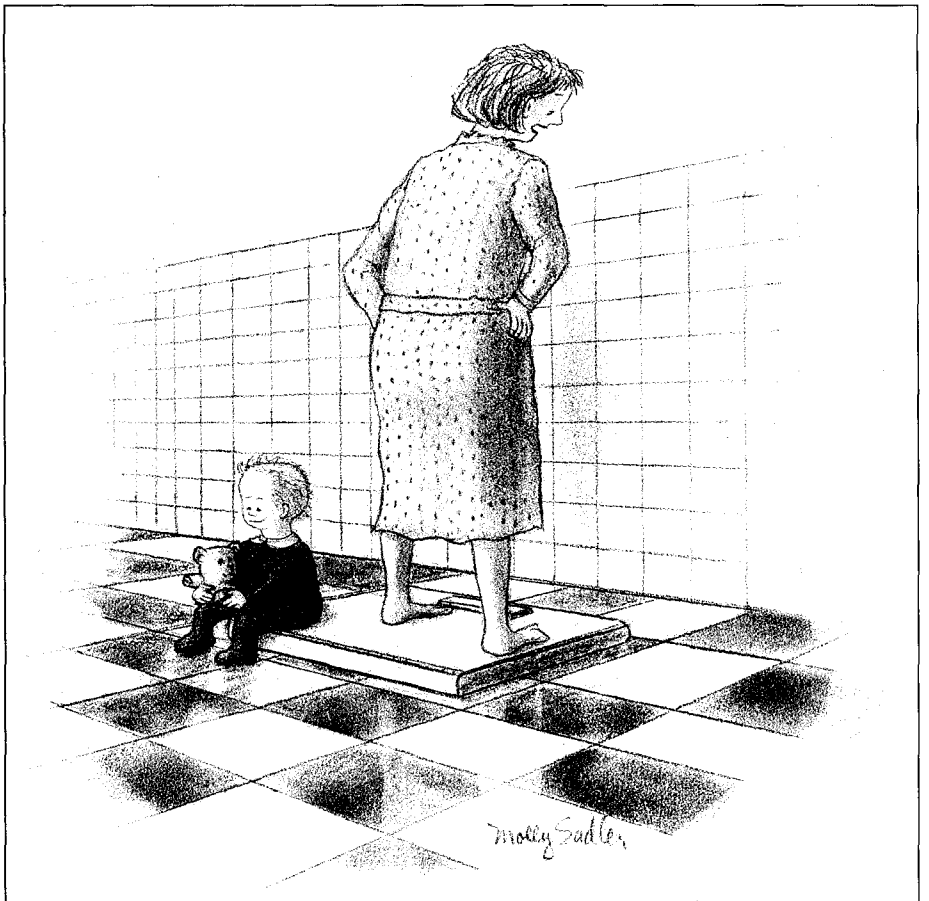
My TV has remote control,
And there's cruise control in my car;
I always park close to theaters
So I needn't walk too far.
If ever I lugged a golf bag,
Other players would truly gape,
But I have joined a health club
In order to get into shape.

—Arnold J. Zarett

I'll Tell You Why

Why can't life's problems hit us when we're 18 and know all the answers?

—Perry Comer



"Mommy didn't think she had that much fun over the holidays!"

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Off the Scale

The soprano was getting up in years;
Her arias weren't getting any cheers!
Her high C? She had to force it,
But when she'd get it,
She'd blow her corset!

—Nicolas L. Sothras

To New Daughter-in-Law

Don't tell me he doesn't
Pick up his clothes,
Or clean out the tub;
Don't bother.
I'm well aware of
This state of affairs;
I'm married to
His father!

—Wilma Kellogg

Making the Grade

Judges at pageants
  Where beautiful lasses
Parade down a platform
  With a well-shaped chassis
Should use all their powers
  To carefully observe
For in contests like these,
  They must grade on a curve!

—Jean Conder Soule

Another Smoking Hazard

There should be another warning placed on cigarette packs—"Smoking may be harmful in trying to get a good seat in a restaurant."

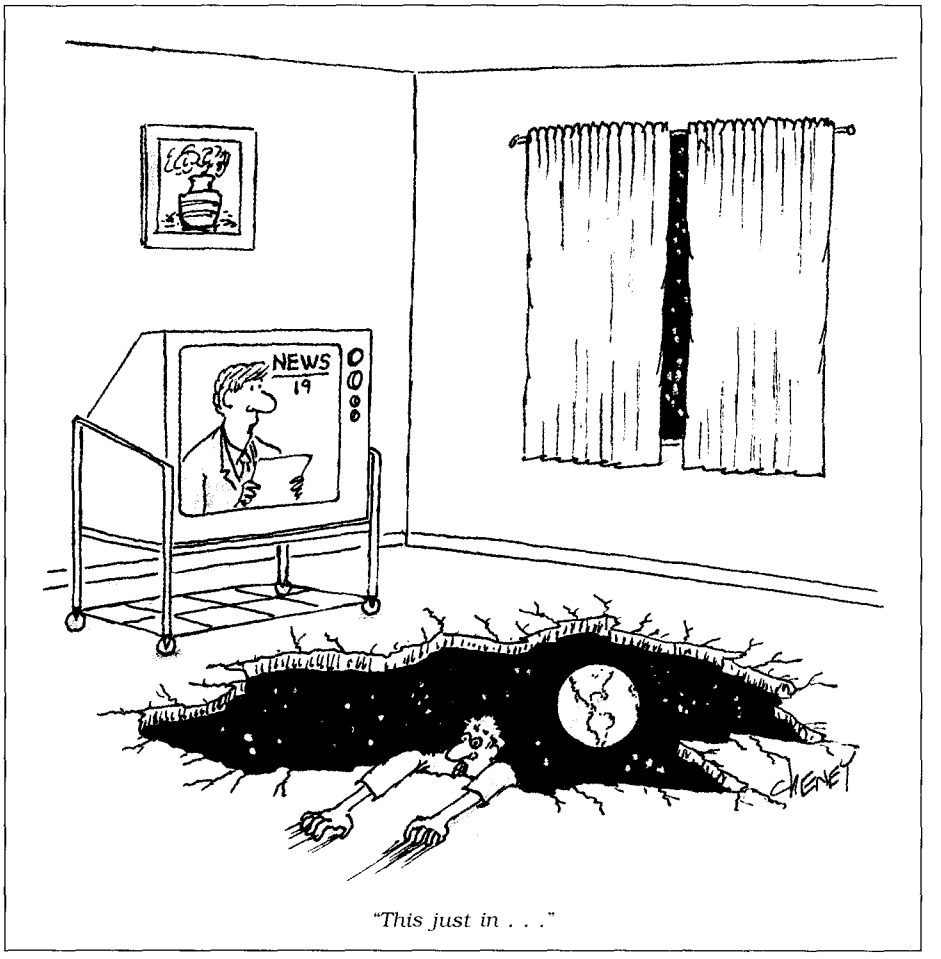
—Gil Stern

How About Oatmeal and Toast?

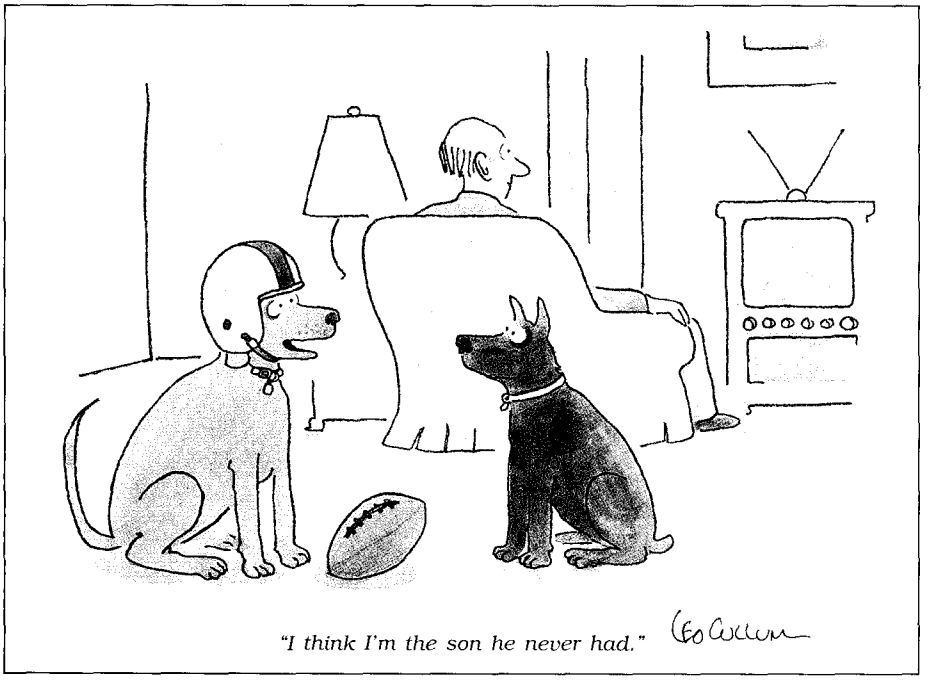
My ten-year-old had discovered Dr. Ruth. He sat riveted to the television while I was preparing his favorite—French toast. I half listened as Dr. Ruth and a gynecologist were explaining menopause to the audience. Suddenly, I was aware of a pair of eyes looking at me longingly.

My son said nothing, but continued to watch as I cooked. Finally, I asked if something was wrong. Wistfully, my son answered: "Did you know, Mommy, that after menopause you can't make eggs anymore?"

—Pat Gallant



"This just in . . ."



"I think I'm the son he never had." Leo Cullum

Let It Snow, Let It Snow

It's not hard to wax poetic
'bout the newly fallen snow,
Looking from my door at
  midnight,
Sparkling in the moonlight glow.
I can stay at home—enjoy it.
Someone else will have to go
Fight the snowy roads tomorrow;
I'm retired—ho, ho, ho.

—Ruth Franklin

Take One Down, Pass It Around

Birthdays always roll around
Without my kind permission.
They have no consideration for
My delicate condition.

If birthdays make your day,
Tell you what I'm gonna do;
Next time one comes my way,
I'll pass it on to you.

—Arthur F. Ward

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NAOMI JUDD: BRAVE BATTLE AGAINST HEPATITIS C

Naomi Judd believes she contracted the life-threatening liver disease from an infected needle prick while working as nurse in the 1980s.

by Janet Kinosian

Dressed in floral pajamas and a white bathrobe, she has chosen to do her interview sitting cross-legged on the bed in her California hotel room. It's all very cozy and just a little bit country.

"Hey, I'm a 100 percent cotton kind of gal!" she says, giggling. "You want a bathrobe, too?" When it arrives, I snuggle up at the foot of her bed. Without makeup and charmingly relaxed, she's a million miles away from the gussied-up southern belle who strode the world's stages, delighting millions.

That was during the era of Judd Music—which lasted eight years and netted Naomi and her daughter Wynonna (now a multiplatinum-selling solo MCA artist) more than 15 million records worldwide, eight straight Country Music Association Duet of the Year awards, and six Grammys, among other accolades. Judd music was pure, country soul—Naomi's harmonies were the smoke that wrapped around Wynonna's diamond-pure fire. It was a sound the world—from teenagers and grandmas to hard rockers—gulped down in Talmudic concentration, a sound that comes out only rarely and yet somehow sounds like *déjà vu*.

In 1972 with daughters Chris (later Wynonna) and Ashley, Naomi had "graduated *magna cum laude* from the school of hard knocks."

All that ended—or rather switched gears—in 1990 when Naomi learned she had chronic active hepatitis C, a potentially life-threatening liver disease. (She believes she got the virus from an infected needle while working as an RN in the early '80s.) She discovered it by accident when she took her daughter Ashley (now a Hollywood actress) to the doctor for a persistent flu and had some routine blood work done on herself. Naomi says in her 1993 best-selling autobiography, *Love Can Build a Bridge*, she had felt fatigued and was due to go on tour in several days. She never expected the diagnosis she received.

What the doctor in Nashville gave her was "essentially a death sentence." She got the impression that she had about three more years to live. Shocked, "I could not wait to get out of his office," she says. "I mean, the negativity, I could taste it. From the beginning, I knew that approach was doomed to failure."

Later that year, Naomi announced she was retiring from the stage. This is a disease that might reduce anyone else to constant bedrest, but not Naomi Judd. Instead, she and Wynonna booked their huge Farewell Tour, which became the highest-grossing tour of 1991. She invited one doctor in Texas, an early pioneer in the mind-body healing world, to a concert. She laughs recounting the incident: "He said, 'Now let me get this straight. You're going to put on pantyhose and sing a song?' and I said, 'Yes, sir, I'm going to do an hour-and-a-half show.' [He said,] 'This I gotta see.' "

From the beginning, Naomi fought hard to obtain her healing, her "new adventure," as she put it. Not everyone understood what she was doing. Certainly not her doctors, who told her simply to "go back to the farm—I'm so sorry"; not her husband, Larry Strickland, who had been one of Elvis Presley's backup singers and knew the rigors of living and performing on the road; not even Wynonna, who is so intertwined with her mama that "we can finish each other's sentences; we have a literal emotional shorthand," Naomi explained. "So I felt kinda alone." Her only emotional thumbs-up came from daughter Ashley, who told her, "Mom, you're the strangest person I've ever known, but you always seem to know what you're doing."

Turns out Naomi did know what she was doing, traveling on their $350,000 custom bus, the Dreamchaser, playing in all 50 states, breaking house records, drinking in the love, applause, and emotional highs only a rare few experience while standing onstage. All this with her ALT (alanine aminotransferase, the enzyme which shows liver damage) units-per-liter levels in the 100s. The normal range is one to 21 units per liter.

"Basically, I was doing it to stay alive," says Naomi. "I knew the thymus gland at the base of the neck is the immune control center for the

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At her 500-acre Peaceful Valley Ranch, Naomi enjoys cooking for family and friends, babysitting for grandson Elijah, and communing with nature, which includes horses, deer, cats, and canine pals Chester and Banjo.

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human body, and for the type of hepatitis I have—chronic active—there's really nothing you can do. I knew I had to stimulate my beleaguered immune system, and that I could jumpstart my system and get juiced. One person in a million has the privilege of standing on the stage during an ovation—and feeling that electricity. I can remember being in steel and concrete coliseums, feeling like we were levitating the building! Music and love are just direct access, you know?

"I also knew I had to say thank you to all the fans that had changed my life," she explains, noting the last song the Judds sang on this tour was "Love Can Build A Bridge." The last line in the song goes, "I believe there is always hope," so the last word audiences heard from the lady born in heartland country, Ashland, Kentucky, was "hope."

"I knew enough to realize that feelings and thoughts are chemicals in the human body," she adds, "and every time you have an emotion, there is a biochemical molecular equivalent; they're called neuropeptides. I told myself I was off on a whole new adventure, and I would go where my questions led me."

It was not all fun and games. There were times she felt so bad that she didn't know if she was walking or on horseback. "Not only was my body poisoning me because of the hepatitis [the liver is the detoxifying organ often called "the factory"], but I was feeling like I had the flu from the interferon [a standard, six-month treatment for hepatitis]. It nearly pushed me over the edge," she confesses. "I was having trouble finishing my sentences, just disoriented." She believes she had one of the worst recorded negative responses to interferon.

Naomi's inspiring 1993 autobiography, *Love Can Build a Bridge*, was later adapted into a TV miniseries.

But this was outweighed by an added bonus: Naomi got to meet all the leaders in the field of alternative ("I prefer to call it 'complimentary.' ") medicine as she traveled to each state. Dr. Andrew Weil, author of the bestseller *Spontaneous Healing*, and other pioneering experts became her routine friends. She recalls a dinner in Washington, D.C., where she had invited an ethnobotanist, a molecular biologist, a Nobel Prize winner, and a doctor working on the AIDS vaccine. "You see, I get to be around these big enchiladas," she says. "And then I'll go off into the woods and try to figure out how to break it down into very simple terms."

Today, Naomi's disease stands in remission. She's a regular on the lecture circuit, trying to explain to people that there's more than one way to think about your illness. It's all about choices, and "choices are sacred," she emphasizes. Her speaking engagements sometimes take her to places like the International Women's Conference for World Peace in New York City, where her speech was translated into Japanese; then down to NASA to speak to 200 rocket scientists. Whatever audience lexicon she's faced with, Naomi's message is the same: "We all need to hold onto choices, curiosity, personal involvement, and integrity"—even in our health-healing process.

"I love modern medical technology," she admits, "but I knew where it stopped short. America is the best in the world for treating trauma and emergencies, no doubt about it. But it was a huge, giant wake-up call for me, a real sticky wicket with me sitting in that wheelchair and doctors telling me, 'Tough luck.' I said, 'Wait a minute. Medicine is not God.' I looked at this doctor and said, 'I'm sorry, you're not God. God is a supernatural being, so that means anything is possible. *Anything*.' "

Neither shy nor naive ("I've been to the circus and I've seen the clowns," she once said), and undoubtedly a handful on a bad day, Diana Ellen Judd's forte is the exquisite way she enters the "one-on-one," as she calls it. No one is immune to her intense curiosity and passionate people-love: not police captains, reporters, nor fans who ask for an autograph and then get

Eight years of pristine harmonies ended in 1991 with the Judds' final concert at Murfreesboro, Tennessee. "I believe that music is the breath of God," Naomi told the audience. "I think it's a healer."

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walked to their car and talked into re-enrolling in college. It's a force completely genuine. "That's always been the carrot in front of the horse for me, something I've always strived for. To be a light in the darkness so people will come towards it . . . to just be a facilitator to that in any way I can."

A devout, open-minded Christian, she quotes some scripture (3 John:2): " 'Beloved, I wish above all things that thou should prosper, be in good health even as they soul prospereth.' And that's saying it in plain talk; spirit-mind-body! I'm living proof it pays to believe in miracles."

Currently, her more intimate miracles happen at Peaceful Valley Ranch —a 500-acre spread in Franklin, Tennessee, 45 minutes from Nashville— that she shares with husband Larry. Wynonna and her fiancé, Arch Kelley III, and their 11-month-old son, Elijah, own the adjacent 500-acre farm where Ashley is refurbishing the house.

The Judds are a family bonded together by krazy glue. "My therapist says in 40 years, she's never seen a parent-child bond like Ashley, Wynonna, and I have," exclaims Naomi. Humor in this family rules the day and "is simply encoded in our DNA. We laugh at anything and everything; we are *dangerous*."

Everyone has a nickname: Naomi is "The Queen of Everything"; Wynonna, depending on her mood, is "The Princess of Quite a Lot," "Sweet Tater," "Hurricane Wynonna," or "The Countess of Hip." Larry is "The King of Not Too Much"; Ashley is "Sweet Pea" and "The Queen of the Screen." So far, Elijah is "Jellybean" or "Mr. McGillicutie."

"Wy and I were bathing Jellybean the other night and wondering what his official title will be," Grandma recalls, handing me a jar of Ponds cold cream so I can take my makeup off. Apparently, this is one wonderful kid. "From the get-go, he bellylaughs, he never cries, he's just so peaceful. We call him the peace child."

Wynonna is readying herself for the road in February, but has yet to hire a nanny. She seems to revel in motherhood. "From the moment we put the baby on her chest in OR, she just went *ssuuuuk*; she just got it," says a proud Naomi. "I know when Ashley's time comes, the same will be true. This mother-child thing is just in our bones."

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"I call our family 'The Four Winds' because we extend in all directions," says Naomi, referring to Wynonna being a singer, Ashley an actress, husband Larry a producer and manager, and herself a writer.

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The Saturday Evening Post Investigates

BRAIN TUMORS ON THE RISE

Technological advances, coupled with early detection, lead to long-term control or even cure for patients who not long ago would have had no hope.

by Jane E. Brody

Brain tumors are on the rise, and no one knows why. It would be hard to find a family in which at least one member or friend has not had a brain tumor.

Since most brain tumors produce symptoms such as headaches, which are commonly caused by far less devastating disorders, they are often ignored or dismissed as unimportant. As a result, a correct diagnosis is not made until the tumor reaches a size that may make definitive treatment impossible.

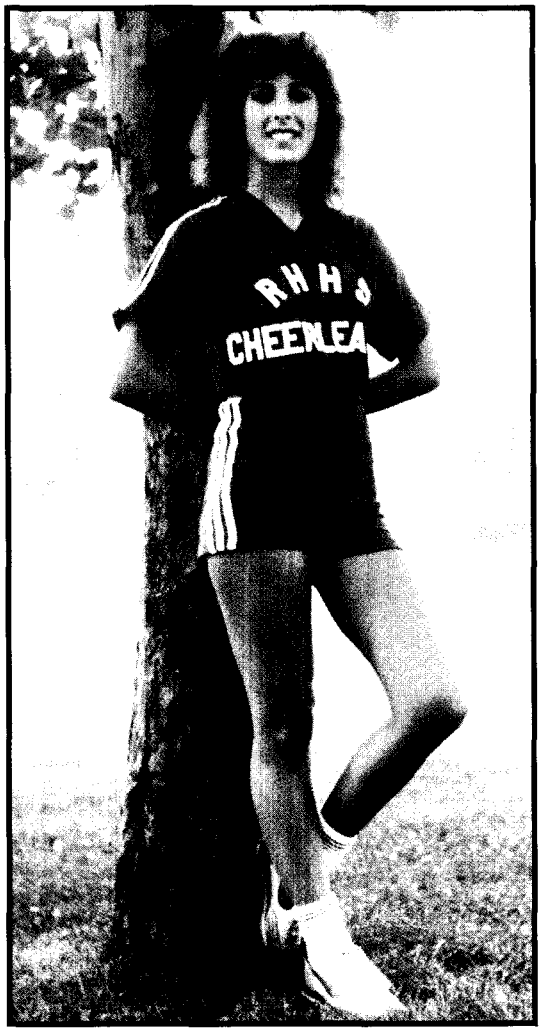
Many brain tumors, if caught early, are curable. And even those that cannot be cured can often be treated in a way that gives patients years of quality life.

Dramatic improvements in diagnosis and new and improved treatments (including the use of a noninvasive radioactive "knife" and chemotherapy and still-experimental immunotherapy and gene therapy) offer hope for cure or at least long-term control in patients who just a decade ago would have been doomed.

Thus, lay people and doctors alike are being urged to be alert to the symptoms of brain tumors and to pursue a proper medical workup when such symptoms have no obvious explanation.

Although brain scans are costly, they are safe and readily available and may reveal a tumor—or some other hazard in the brain—early enough for cure. It is important to remember that even when a growth is technically classified as benign, it is not; although it may not be malignant, any growth in the brain is trapped in an unyielding skull and can press on and ultimately destroy vital brain tissue.

In the mid-1980s, about 55,000 Americans were found to have brain tumors. Experts expect the number this year will exceed 100,000, including about 17,000 primary brain tumors (those that arise in the brain) and at least 80,000 metastatic cancers that have spread to the brain from elsewhere in the body.



Brain tumors in the 30-to-34 age group nearly doubled from 1973 to 1985. Darci Dillard first showed symptoms of her brain tumor in the mid-1980s. If a brain tumor is suspected and diagnosis is made early, doctors have a good opportunity for successful treatment.

Tumors that originate in the brain are the second most common cancer in infants and young children, occurring about as often as acute lymphoblastic leukemia. [Brain tumors remain the most common tumors, resulting in death and morbidity in children.]

In adults, primary brain tumors are as common as ovarian cancer. About half of primary brain tumors are benign; they grow very slowly, do not invade surrounding tissues, and can usually be successfully treated. The rest are malignant: aggressive and invasive but often treatable, although usually incurable.

To be sure, modern imaging techniques like computerized tomography, better known as a CT scan (a cross-sectional X-ray of the brain), or—more often these days—magnetic resonance imaging, better known as an MRI, have greatly improved diagnosis, but better detection does not appear to account for most of the rise in brain tumors.

For metastatic brain tumors, an important factor is likely to be the growing success oncologists have had in controlling cancers elsewhere in the body, allowing patients to live long enough to experience a recurrence in the brain years later.

Drugs that kill cancer cells often fail to cross the so-called blood-brain barrier, and cancer cells that have escaped to the brain may survive there and grow.

In treating breast cancer, for example, chemotherapy given after surgery and radiation can often eradicate cancer cells everywhere in the body except the brain, and cancer cells that reached the brain before treatment could result in a relapse.

Improper function of the immune system is believed to account for part of the rise in brain tumors. Among those affected are patients who have undergone organ transplants and require

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lifelong treatment with immunosuppressive drugs, those who years earlier underwent cancer treatments that suppress the immune system, people with AIDS (which causes immunological failure), and the growing numbers of elderly people whose immune functions gradually decline with age.

Although some researchers have suggested that environmental factors like exposure to electromagnetic fields may contribute to the rise in brain tumors, none of those theories have been established as fact.

Workers in the rubber industry have been shown to face an unusually high risk of developing a brain tumor, perhaps from exposure to an occupational chemical.

The real challenge of brain tumors is finding them when they are still small and amenable to treatment. Symptoms depend on the size of the tumor and where in the brain it occurs. A benign tumor may grow very slowly for years before it causes enough pressure on the brain to produce a recognizable symptom.

One of the most common symptoms is persistent headaches, especially those that occur at night or are present upon awakening in the morning or, particularly in children, headaches accompanied by nausea and vomiting.

Other common symptoms include personality changes; vision or speech difficulties; behavioral disorders; weakness, numbness or paralysis on one side of the body, or unsteadiness in walking that gets progressively worse; epileptic-like seizures; and sensory disorders, like a sensation of smelling something burning.

Too often, symptoms like personality or behavioral changes are attributed to a psychological disorder or to the aging process and are not taken seriously until it is too late to cure the tumor.

In addition to CT scans and MRI, which is even more precise than a CT scan and does not involve any radiation, another diagnostic technique sometimes used is positron emission tomography, or the PET scan, and single photon emission computed tomography, or SPECT.

This technique can pinpoint small areas of active tumor and can help to distinguish recurrent tumor from tumor tissue destroyed by previous treatment.

The trick in treating brain tumors is to remove or destroy the tumor without damaging adjacent normal brain tissue. The usual methods of treatment are surgery or surgery combined with radiation.

Dramatic advances have occurred in surgical techniques in recent years that enable neurosurgeons to remove tumors that were previously considered inoperable or that could not be completely removed.

Radiation therapy is also improving, allowing a more precise zeroing in on tumor tissue, including tumors deep in the brain, without harm to surrounding tissue.

The Gamma Knife (see accompanying article), technically known as stereotactic radiosurgery, is revolutionizing the treatment of once inoperable or incurable tumors.

Nearly half of primary brain tumors can be cured, says Dr. Edward R. Laws, Jr., a neurosurgeon at the University of Virginia in Charlottesville. The remaining half either recur despite treatment or are in areas of the brain that cannot be treated.

Further progress in treatment will depend on referring patients to clinical trials that assess potential therapeutic advances.

More Help

The American Brain Tumor Association, at 800-886-2282, and the National Brain Tumor Foundation, at 800-934-CURE (934-2873), can provide information and referrals to support services for brain tumor patients and their families. The foundation can also refer patients to treatment centers. To obtain the foundation's comprehensive 56-page booklet, "Brain Tumors: A Guide," send $6.00 to the organization at 785 Market Street, Suite 1600, San Francisco, CA 94103.

A booklet listing more than 100 support groups and other helpful resources costs $2.00. Patients or family members can get single copies of both booklets free. Those who join the organization's mailing list will receive its free 16-page newsletter, *Search*, four times a year.

NEW DEVICE TRANSFORMS BRAIN SURGERY

To Christine Tejada and her family in Brooklyn, the procedure known as Gamma Knife radiosurgery is nothing short of a miracle.

When she was eight, Christine was found to have a life-threatening blood vessel malformation in her brain and was scheduled to undergo risky invasive surgery that would have hospitalized her for perhaps ten days and been followed by weeks or months of recovery and rehabilitation. Instead, she was treated successfully in Chicago without so much as a slit in her scalp.

The treatment, which involves no knife at all but rather hundreds of powerful, highly focused radiation beams aimed at the malformation, was done on a Thursday. She left the hospital on Friday and was back at school and up to her old tricks by Monday.

Christine was a seemingly normal, healthy third-grader when, out of the blue, she developed a severe, incapacitating headache. The next day, the headache had subsided, but she developed a stiff neck. Then the headache returned and she became disoriented.

A CT scan found that Christine's problem was an arteriovenous malformation, a tangle of blood vessels that had bled into her brain. Unless the vascular defect was quickly corrected, she could suffer a brain-damaging, and perhaps lethal, stroke. Three and a half years later, thanks to prompt and effective radiosurgery, she is fine, having finished the sixth grade with honors.

Gamma Knife surgery, technically known as stereotactic radiosurgery, is revolutionizing the treatment of some problems in the brain, including benign tumors in treacherous locations like the brain stem or near the optic nerve.

The $3.5 million machine replaces the surgeon's scalpel with a single, high dose of gamma radiation emitted by a cobalt-60 source. The patient wears a helmet resembling a beauty salon hair dryer. The helmet has 201 small round holes in it that aim the radiation so that 201 narrow beams of gamma rays are all aimed at a single tiny target. The tissue being treated thus receives a very strong dose of radiation without harming anything along the way.

The painless, bloodless procedure, which is usually performed under local anesthesia with mild sedation, takes just 15 to 40 minutes, depending on the size of the area needing treatment. If

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DARCI'S STORY: LIVING WITH A BRAIN TUMOR

Blessed with a happy family and a promising career, this young wife and mother works extra hard to lead a normal life despite recurring seizures.

by Ted Kreiter and Patrick Perry

When Darci Ross experienced her first symptom ten years ago, no one—including her doctors—suspected that the 20-year-old could have a brain tumor.

"It was 3:00 in the morning," Darci recalls. "I was in my apartment at college. Obviously, I was sleeping. The next thing I knew, I was awake in a hospital. My roommates told me later what had happened."

Darci had "awakened" ill and vomiting. Her pupils were dilated, and she couldn't stand for long without falling. Her roommates watched her closely. When she didn't improve, they called an ambulance, then decided the car would be quicker. They carried her out of the apartment and rushed her to the hospital.

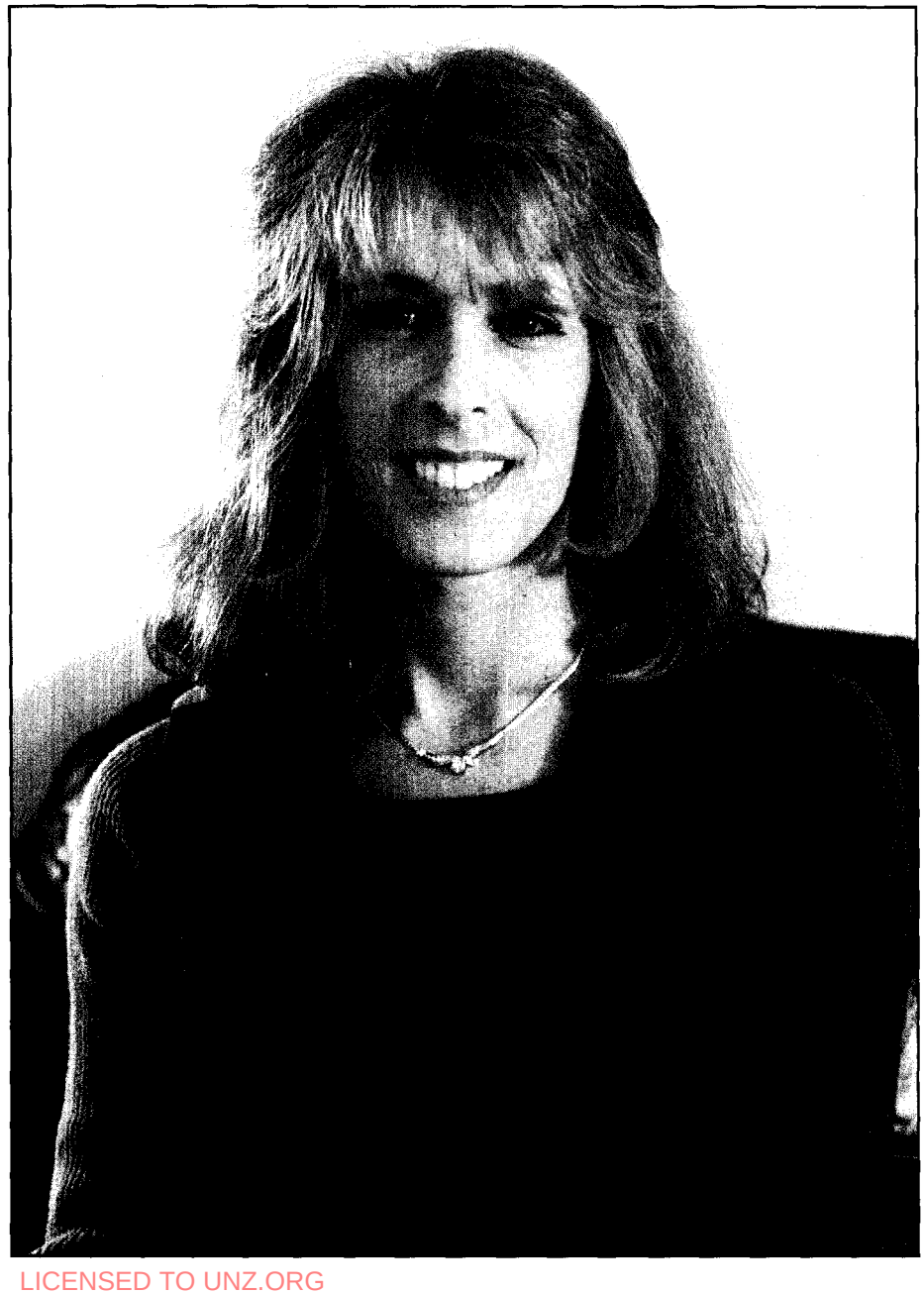
"Once I got there, they took blood and ran tests," Darci relates. "I was just starting to come out of it when the emergency physician came in. He said the tests had shown there were no drugs or alcohol in my system, which, my being a student, I'm sure is what he first suspected." The doctor told her she needed to see a specialist right away and have an EEG (electroencephalogram) to check on her brain wave activity. She had suffered a grand mal seizure. The next day, Darci had the brain wave study done.

That weekend, Darci delivered the results to her family doctor in Vincennes, Indiana, who immediately referred her to a neurologist.

The neurologist examined Darci and ordered computerized scans of her brain. After studying the results, he offered an unexpected diagnosis.

"He informed me I'd had a stroke," Darci recalls. "He said it was a mild stroke that had left a lesion on my brain which would eventually go away. He prescribed Dilantin [a drug that controls seizure activity]. That was the first drug I had to take."

For a year Darci was treated for stroke, until new scans showed that the lesion on her brain supposedly left by the stroke was slowly getting larger instead of going away. That's when the neurologist changed his diagnosis.



The symptoms of Darci's tumor are so subtle that most people would never notice them. During seizures, she has trouble thinking of words. "If I'm working on my computer," she says, "I have to go back and forth ten times for one sentence just to make sure I got it right. That's more frustrating for me than anything else."

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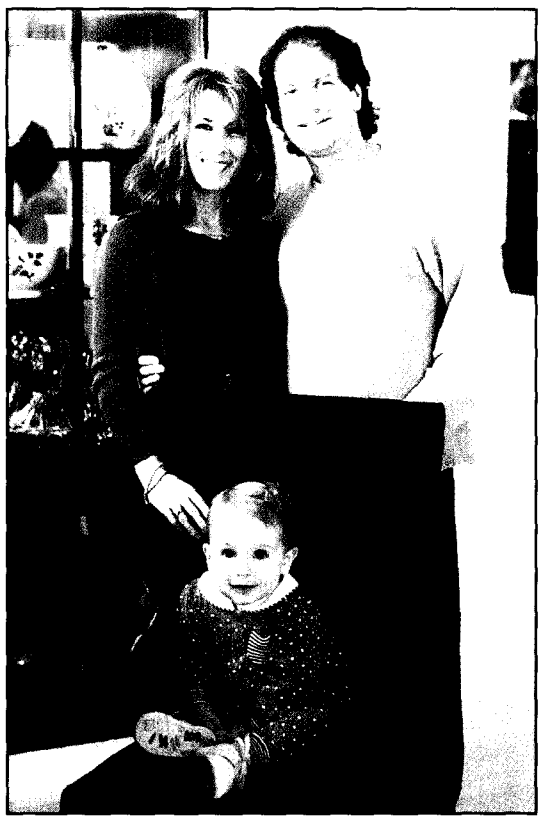
"They realized it was not a stroke," Darci says. "It was a tumor."

The doctor did not want to wait; he immediately began discussing surgical removal of the tumor, even though the operation could result in brain damage.

"They said I was going to lose my speech, all my motor skills," Darci remembers. At 21 and nearing college graduation, Darci didn't like what she was hearing and asked for a second opinion. She was referred to Dr. Robert Pascuzzi, professor of neurology at the Indiana University School of Medicine, who has been her neurologist ever since.

"Dr. Pascuzzi did all the tests," she recalls, "and then he told me, 'You know, you might have to have surgery in two months, or you might have to have it in 20 years, but you seem to be just fine right now.' "

This was "wonderful" news to Darci. She graduated from college and moved down to Birmingham, Alabama, where she'd landed her first job. Five months later, she began having what she calls "verbal seizures"—episodes during which she forgot words or couldn't speak. But the episodes differed greatly from the initial grand mal seizure.



Soon after her daughter, Sydney, was born, Darci's seizures became more frequent. "They thought it might have something to do with the birth," she says. "So they recommended that I not have any more children, at least for now."

"When I had the first seizure, I really wasn't aware of it," she says. "This was really the first time I knew that something was wrong."

After the first "verbal" seizure, Darci went to the emergency room. The doctor there said to call back the next time something happened. She called back the next day and the three days after that. "The fifth time," she says, "he finally said, 'We are going to have a biopsy to see exactly what kind of tumor this is.' "

Darci had her first biopsy at the University of Alabama.

She recalls it as a painless but "scary" experience. "They cut in your groin area and put in a tube. They shoot the dye up into the brain through the tube. That was the worst thing that I had to go through. I was awake the whole time."

The tumor was a benign glioma, a grade I, the smallest on a scale of I to IV. It was situated in the parietal-occipital area (the region of the brain responsible for, among other things, verbal expression and understanding, as well as visual perception).

At the time, surgical techniques had not yet been developed to remove tumors in that area safely. Because of the tumor's apparent slow growth, doctors recommended frequent MRI scans and anticonvulsant drugs—such as Dilantin, Tegretol, and Depakote—to keep seizures to a minimum.

"When I had seizures once a week or once every other week, it was not that bad," Darci recalls. "But when it got to the point where they were happening three or four times a day, the doctors would start changing the medication, and I would get better. I never knew if the seizures were just subsiding on their own or if the medication was right on target.

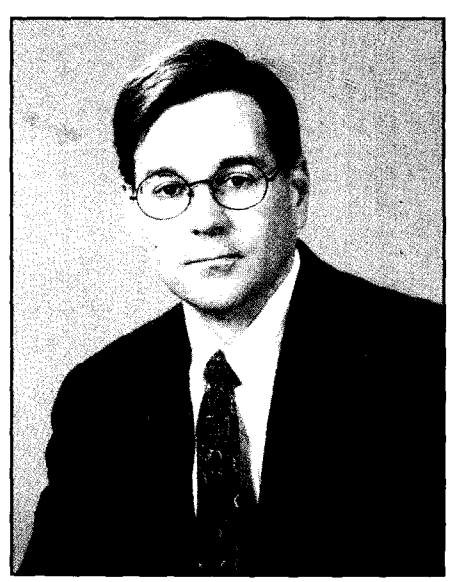
"Actually, you would never know that I'm having a seizure if you saw me," she says today. The seizures haven't adversely affected Darci's career or her personal life. She has worked her way into a high-profile job as senior vice-president of a marketing firm, requiring frequent world travel. Two years ago, she married and had a baby daughter.

"While I was pregnant, I didn't have any seizures; everything was perfect," she recalls. "I never had such a nice time of it. But right after the baby was born, I had a bad spell of seizures. It got to a point where they were lasting 30 minutes at a time. I was dizzy and couldn't speak. Then I had my second grand mal."

MRI scans showed the tumor that had been growing very slowly for a decade was gradually moving into a temporal lobe. "My doctors kept telling me that I should go into radiation therapy," Darci says. "It took me a year to get up the nerve to do it."

In August 1995, Darci began radiation treatments. "I didn't mind losing my hair so much," she says of the ordeal. "Probably the worst thing was having the cast made for my head [a cast is needed as a base on which to affix coordinates so that radiation can be accurately targeted on the tumor]. I had to lie down on a table, and they put this gooey mask on until it hardened. That was awful. Then they decided they didn't want to do the procedure with me facedown. They put one on the back of my head."

Darci underwent 25 radiation treatments, one every day, five days a week for five weeks. "I had nausea, lost a lot of weight, and was very



Darci's favorite neurologist, Dr. Robert M. Pascuzzi of the Indiana University School of Medicine, saved her from early, debilitating surgery by suggesting that she wait and see how the tumor developed. Nine years later, Darci is still functioning well.

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tired," she says, "But I never missed a day of work; I did this on my lunch hour."

In October Darci had her first MRI since the radiation.

"I'm about seven years behind," Darci told us. "If they'd had the technology they do now seven years ago, they could have taken the tumor out." Darci's tumor has grown over the years. It is now a stage II.

If radiation treatments prove unsuccessful, some promising new therapies are coming along that may help Darci. She recently spoke with neurologists at Columbia-Presbyterian Hospital in New York City about the possibility of gene therapy. This innovative procedure for destroying tumors is still in the early experimental stages. Darci, however, is not eligible for present studies, which require having a recurrent malignant glioma, grade III or IV.

At present, Darci is dealing with her problem one day at a time and trying to be cheerful. Her prognosis is more hopeful than that for those who have fast-growing, malignant tumors. She admits, however, to expressing some regrets. "I'm only 30," she says. "There's a long future of this to deal with. I told my husband recently I wish that they had found this tumor when I was about 60 years old."

Darci's doctor, Robert Pascuzzi, is professor and vice chairman of neurology at the Indiana University School of Medicine. We spoke with him about her case.

Post: Doctor, are slow-growing tumors like Darci's rare in the general population, as opposed to fast-growing lethal tumors?

Dr. Pascuzzi: No, I wouldn't say that they are rare. Low-grade gliomas and meningiomas are nearly as common as the more malignant brain tumors. It is the case that the more malignant brain tumors have a more dramatic presentation and cause more rapid neurologic trouble.

Post: What type glioma does Darci have, specifically?

Darci married Scott Ross in 1993. "I think he gets a little bit more worried about my problem than I do," she says. "I try to forget about it a lot, and he doesn't. He thinks it's a challenge."

Dr. Pascuzzi: The initial biopsy showed a low-grade astrocytoma. These tumors are often categorized based on the appearance of the cells, and there can be different cell types found in these tumors. There is a spectrum of what can be found as part of a low-grade glioma. For instance, the cell appearance in her most recent biopsy led to the determination of what's called a grade II glioma. The higher the grade, the more severe, and the more malignant, the tumor is. A grade I or II would be considered a low-grade, very slow-growing tumor. A grade III or IV would be considered a more malignant or aggressive tumor that's going to grow more rapidly. Low-grade gliomas represent about 10-15 percent of primary brain tumors in adults.

Post: The term "malignant" scares a lot of people. Could you explain precisely what it means?

Dr. Pascuzzi: Malignancy refers to how rapidly the tumor is growing. Malignant brain tumors, such as the glioblastoma multiforme (GBM), which is the most severe, don't metastasize or spread to other parts of the body, but they do grow fairly rapidly locally in the brain and spread within a region of the brain. They are refractory to most forms of treatment. These tumors are very difficult to stop and treat effectively with either radiation therapy, chemotherapy, or surgery. They seem to have a limited response to those therapies. Patients with the higher-grade gliomas tend to have a shorter survival.

On the other hand, if the tumor does not have rapidly dividing cells and doesn't spread to other parts of the body, you could call it benign. However, even a benign tumor, be it in the brain or in the chest, if it's growing slowly and continues to grow, eventually may press on other structures. If it reaches a point where it presses on other critical structures, that can lead to very serious symptoms. That applies also to a slow-growing brain tumor, which eventually may get large enough that it will compromise parts of the brain that are crucial for normal function. Even if you have a very small brain tumor that is not growing at all, it could cause a variety of very serious neurological symptoms, including seizures.

Post: Is the location of Darci's tumor consistent with the verbal lapses and seizures she is experiencing?

Dr. Pascuzzi: It is, because her tu-

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Neuro-oncologist Dr. Bernard Maria, director of the program at the University of Florida College of Medicine, monitors one of the first brain-tumor patients in the country to undergo experimental gene therapy.

mor is located in a part of the brain that is known to deal with language function—both with comprehension and the development of speech. It's logical that patients having seizures from this part of the brain would have difficulty with speech, language, or words. Often the term "speech arrest" is used when they simply can't talk momentarily because of disturbed function from a seizure, which is an abnormal electrical discharge that's induced by the tumor in that region.

I think the location of the tumor is important for a couple of reasons. Number one, it probably does explain some of the symptoms she has during her seizures, including speech arrest and speech difficulty. Number two, the location affects the decision to attempt surgical removal. There are some parts of the brain where you could go in and surgically try to take the whole tumor out, be very aggressive with it, and expect that the patient would not be harmed by the procedure. But given that the tumor is located around her speech and language centers, it would be very difficult to try to remove it surgically and not leave her with a major neurological deficit. That would be the case today. It would have been the case even in 1987.

Post: How is Darci doing at present?

Dr. Pascuzzi: She's working. She's a mother and has a family. She functions probably as normally and productively as anybody else out there in the general working population. She has some symptoms, including occasional seizures and some difficulty with her speech and language, but it's pretty subtle. I think most people probably aren't aware of it. She, as you know, has completed a course of radiation therapy. In the immediate postradiation period, she has been having some headaches that I suspect are related to the therapy.

Until last summer, she had not received any radiation therapy. The reasons for that were somewhat like the reasons for the decision not to put her through a big operation or give her chemotherapy early on. We were trying to figure out how much would radiation therapy help her and how much it would hurt her. Hers is a very low-grade tumor, growing very slowly. In such tumors, it's just not clear to what degree radiation therapy helps. Radiation has some risks associated with it. We elected to wait and see what would happen over time. In the past year, due to increasing symptoms, we felt it was time to repeat the biopsy to find out whether or not the cells in the tumor had changed. If they had changed, we would try to come up with the most effective therapy based on what the cells looked like. Some people with very low-grade gliomas have cell changes after a number of years. The tumor may become more malignant. This is called "malignant transformation." Since Darci's is still a low-grade tumor, the therapy we are looking at thus far is radiation, which she's completed.

On Darci's recent MRI scan, the tumor shows up as a bright area in the right lower corner of the picture (which is the left side of the brain in the parietal-temporal-occipital region). Darci's tumor has slowly grown since it was first detected in 1986.

Post: Does radiation therapy work effectively on slow-growing tumors?

Dr. Pascuzzi: Some therapies are most effective if they're given to cells that are dividing very rapidly. That's the case for radiation therapy and a number of the chemotherapeutic agents. They work best on cells that are dividing very rapidly: the most abnormal cells. They are least effective against cells that divide very slowly. In fact, if you look at the complications that occur from many of the standard therapies for cancer such as radiation and chemotherapy, most of the side effects involve the parts of the body that have very rapidly dividing cells, like the bone marrow. That's why the bone marrow gets affected by so many different drugs and radiation therapy. Patients' skin can change; they lose their hair, because these are rapidly growing cells. It may be that some of these therapies are not particularly effective against those slower-growing types of cells. Nevertheless, it's good that you've got a slower-growing tumor. On the other hand, it may be that some therapies just aren't going to work very well.

Post: What do you think about the new therapeutic tool, gene therapy, in treating brain tumors?

Dr. Pascuzzi: I think it's exciting. It has great potential. It's a very new strategy, but it makes a whole lot of sense. I'm cautiously optimistic that it could be a key way to treat brain tumors in the future. The reason I say that is that these tumors are basically controlled by their DNA, which tells them how fast to divide, how much to grow. There's some logic in trying to deal with the genetic behavior of these cells. If you could modify their genetic behavior, you could program them, if you will, not to grow, or to die or to become vulnerable to a medication. If you could somehow get control of their genetic program and modify it, I think that would be a logical way to treat an abnormally growing group of cells. That doesn't apply just to the brain, either. It would apply anywhere in the body.

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POST REVIEWS

SOFTWARE FOR THE WHOLE FAMILY

Taking the time to trace your family's history is now a little easier with simple-to-use personal computer software.

by Jack Gramling

Family Memoirs:
The Electronic Family Scrapbook
FamilyWare Products, $19.95

A common refrain heard about modern family life is that we are just too busy with children, jobs, and household responsibilities to share the important stories of our lives with the ones we love. FamilyWare Products, a Vancouver-based software manufacturer, has come out with a program that fills in this gap: Family Memoirs, part of a five-part Microsoft Windows-compatible software series designed solely for the entire family.

Family Memoirs serves to instruct each family member on how to become the author of his or her own life story. The budding author, whether it's Dad, Grandma, or even one of the kids, receives helpful descriptions and various categories to help him or her write a cogent, straightforward account of the past. Some of these categories include "Family," "School," "Places I've Lived," "Religion and Philosophy," and even "Trouble with the Law," but there's also room to create your own categories and topics.

The software program also features a separate section where you can create your own journal with calendar and graphics. Later, you may want to incorporate these facts into an updated version of your book, complete with choices of clip art and customized text options that allow for individual writing and typeface styles. These options also allow you to create a finished book that can be professionally bound in hardcover—the perfect keepsake for your loved ones.

For now, Family Memoirs is only compatible with the Microsoft Windows 3.1 version or higher and at least a 5.0 MS-DOS program. There is no Macintosh-compatible system. You will need the following: a personal computer with 386 microprocessor or higher; a hard drive with at least ten megabytes of free space (more if several books will be on the system); at least four megabytes of random-access memory; a VGA graphics adapter and compatible monitor; and either a 3.5 inch disk drive or CD-ROM drive

with a mouse. You'll also need one installed printer driver, preferably with a laser jet printer to give your book a smooth, professional quality.

Once you get Family Memoirs installed (the system will ask your full name, birthday, and birthplace), you'll open up what appears to be a large, purple address book divided into four sections: the table of contents (where you write about things and people that influenced you—family, pets, school, love, etc.), your memoirs, book info (your particulars), and a daily journal that can be kept, heaven willing, into the next century and beyond. There's also a "help" program and a file that explains the particulars of the system. The company even offers a 24-hour toll-free hotline for technical support (800-313-7333) and a "12/12" guarantee that promises a full refund within 12 months if the user can't get it running within 12 minutes.

"No matter how busy we are, it's important that we share our thoughts and our history with those we love," says Michael Brown, executive vice president of FamilyWare, who entered the software business in 1975 as a developer and, later, publisher of software titles. Brown developed his FamilyWare software series two years ago because a friend challenged him to develop something useful for families. After doing some research, he discovered a void in the marketplace.

"[Family Memoirs] stands on its own, and it also can be combined with other titles in the FamilyWare series to form a family database that can stay with you forever," says Brown. These titles include FamilyInfo, Family Valuables, Family Pets, and Family Babybook, all of which can be linked to the others and be updated and expanded as new modules become available.

Each title retails for $19.95 and is available either on disk or CD-ROM. For more information, call FamilyWare at 800-313-7333 or 604-669-5930.

The Yeast Connection and the Woman
by William G. Crook, M.D.
732 pages, Professional Books, Inc., $17.95

Since the introduction of penicillin in 1941, antibiotics have revolutionized the treatment of infections, preventing human misery and saving untold numbers of lives worldwide. However, antibiotics may have a down side.

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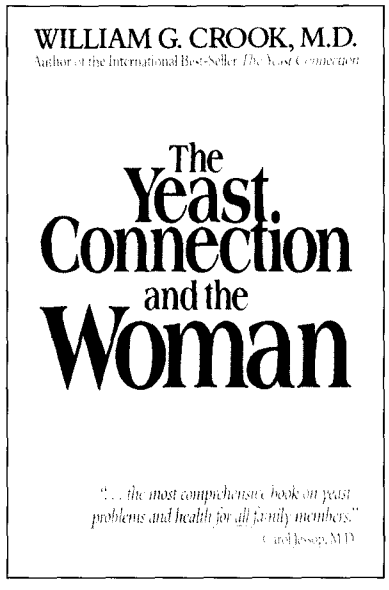
In the early 1970s, Dr. C. Orian Truss, an Alabama physician, observed that people who were prescribed many courses of antibiotics, birth-control pills, or steroids developed a yeast overgrowth and began to feel "sick all over." He noted that patients' health improved when they were placed on a low-carbohydrate diet and antiyeast medications. Word of Truss' observation spread to the public and reached William G. Crook, M.D., through a former allergy patient he had been unable to treat successfully. After discussing the relationship of yeast infections to chronic illness on a popular talk show, Dr. Crook received 7,300 requests for more information, leading to the publication of his first book on the subject, *The Yeast Connection,* in 1983.


WILLIAM G. CROOK, M.D.
Author of the International Best-Seller The Yeast Connection
The Yeast Connection and the Woman
"... the most comprehensive book on yeast problems and health for all family members."

Many new ideas have emerged since this earlier book sold more than one million copies and sparked interest and controversy around the world. In his 12th book, *The Yeast Connection and the Woman*, Dr. Crook presents intriguing, timely information about yeast-related health problems in men, women, and children, as well as a head-on debate with critics of his theories.

Yeasts are microscopic organisms, neither animal nor vegetable, that live on the surfaces of all living things. One family of yeasts, *Candida albicans*, normally inhabits the inner warm creases and crevices of the digestive tract and vagina, along with "friendly" bacteria that keep its growth in check. Powerful broad-spectrum antibiotics destroy these "friendly" bacteria along with disease-causing ones. "Candida yeasts aren't affected by antibiotics," Dr. Crook says. "Accordingly, if you took these products for acne (or for urinary, sinus, ear, chest, or other infections), candida multiplied in your intestinal tract—and also in your vagina." The result, Dr. Crook believes, is a weakening of the overall immune system, setting the stage for a myriad of complaints.

The "yeast connection," then, as defined by the author, "is a term to indicate the relationship of superficial yeast infections in your vagina and digestive tract to fatigue, headache, depression, irritability, and other symptoms which can make you feel 'sick all over.' "

Have you taken repeated or prolonged courses of antibiotics? Have you experienced recurrent vaginal, prostate, or urinary infections? A ten-question survey at the beginning of *The Yeast Connection and the Woman* helps the reader evaluate yeast's possible role in personal health problems. "Many different factors play a part in making you sick, yet I'm convinced that repeated courses of broad-spectrum antibiotics are the main 'villain,' " Dr. Crook says. He points out that laboratory tests are helpful for patients with chronic health problems, including yeast-related ones. However, he continues, "At this time, no test will give you a 'yes or no' answer to your question, 'Are my health problems yeast related?' "

The question logically follows: How is a diagnosis of a candida-related health problem made? "It is based on the patient's history or story, thorough examination, and laboratory examinations, tests, and studies," Dr. Crook explains. "But of these three steps, history is by far the most important. And when it is combined with the response of a patient to a sugar-free special diet and antifungal medication, the diagnosis can be confirmed."

In *The Yeast Connection and the Woman,* Dr. Crook focuses on women's health issues. Yeast-related problems affect women eight to ten times more often than they affect men.

Dr. Crook, however, points out that men are not immune to yeast-related problems, which may include food and chemical sensitivities, acne, psoriasis, sinusitis, and rheumatoid arthritis. He also suggests a possible connection between antibiotic treatment for recurrent ear infections and hyperactivity, attention deficit disorders, and autism in children.

Eliminating sugar, corn syrup, white bread, soft drinks, and most ready-to-eat cereals is the first step of a comprehensive treatment program outlined in Chapter 8 ("Steps You'll Need to Take to Regain Your Health"). "If your problems are yeast connected," Dr. Crook writes, "a special diet and antifungal medication will start you on the road to recovery. Yet, such therapy is only a part of what you need to do." The importance of controlling chemical exposures, regular exercise, and psychological support are discussed in subsequent chapters.

The Yeast Connection and the Woman includes the author's perspective on nutrients, plant medicinals, hormones, and alternative therapies.

—Wendy Braun, R.N.

"So . . . 'in the lane snow was glistening' . . . then what?"

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HAND-ME-DOWN GENES

Do-it-yourself motel breakfasts aren't all that easy to do, especially if each of your ancestors had a full set of five thumbs on each hand.

by Maynard Good Stoddard

Illustrated by Don Trawin

Whenever convenient, we stay at motels offering a "free" breakfast, trying not to think that the cost lies buried in the bowels of the bill. But that's neither here nor there.

Where is it then, you ask? Just keep your shirt on, we'll get to it.

The problem is, the freeloader is required to draw his own orange juice, collect his own cereal, toast his own bagel, and stuff like that. The second problem is, I'm no good at stuff like that. And I'll be the first to point it out. (Make that the second to point it out. No need to tell you who is first.)

The fault lies not entirely with me. When genes for operating things of a mechanical nature were handed out, my early ancestors must have been out back, possibly inventing a square wheel to be used when they weren't going anywhere. Actually, I need to go back no further than the previous generation.

"She's not hitting on all four," my father announced one day, referring to our Model T Ford Touring Car. His knowing that the car had four cylinders was a triumph in itself. But over Mother's advice against it, he removed the spark plugs, then with one of her paring knives scraped off the carbon deposits. In so doing, to his amazement, he discovered that the points on the plugs did not meet.

"No wonder," he remarked, reaching for the pliers. Mechanics, of course, are trained to space the points to the nth degree. Dad, on the other hand, chose to squeeze the points tightly together. And then, with a great sigh of satisfaction, exclaimed, "There!"

When "she" then refused to hit on so much as one, never mind four, he decided he must have put the plugs back in the wrong holes. After numbering the holes and the plugs, he spent the morning attempting to return each plug to its "home" hole. Not until Mother called in Bill Williams, our local garage man, were the plugs properly spaced and our "tin lizzie" hitting on all four again.

Dad had no better luck with our first radio, a Capehart, as I recall. I don't recall the call letters of the station we tuned in most frequently at that time (KDKA comes to mind), but I do remember that the squawks and squeals came all the way from Pittsburgh to our aerial in little old Richfield Center, Michigan.

When the static didn't come in clearly enough to suit him, Dad had this ritual of first stomping on the floor. If that didn't improve the reception, he would begin slapping the set until Mother made him stop. The Capehart soon developed a complex, refusing to cease squawking and squealing after being turned off.

Putting his head together, Dad decided that the noises had been left over in the aerial. To his nightly chores of shoving the dog out and checking to see if the house was on fire, thus was added the duty of disengaging the aerial. "To let it drain," he explained.

Mother, by this time, had given up calling upon Dad for assistance in matters that involved things of a mechanical nature. For instance, when our dog, Belle, got her tail caught in the cogs of the washing machine.

If it's true that my lineage goes back to William the Conqueror, there had to be a Mrs. William the Conqueror to show him how to fit the arrow to the bow and send it off.

Walking past the machine on this washday morning and wagging her busy tail in greeting to Mother, her long hairs got caught in the cogs and wound her tail about halfway up to her rump. Leaving dear old Dad to restrain the dog from pulling her tail off altogether, Mother ran next door, where Frank Cross, our friendly blacksmith, was shoeing a horse. She screamed, "Our dog is in the washing machine!"

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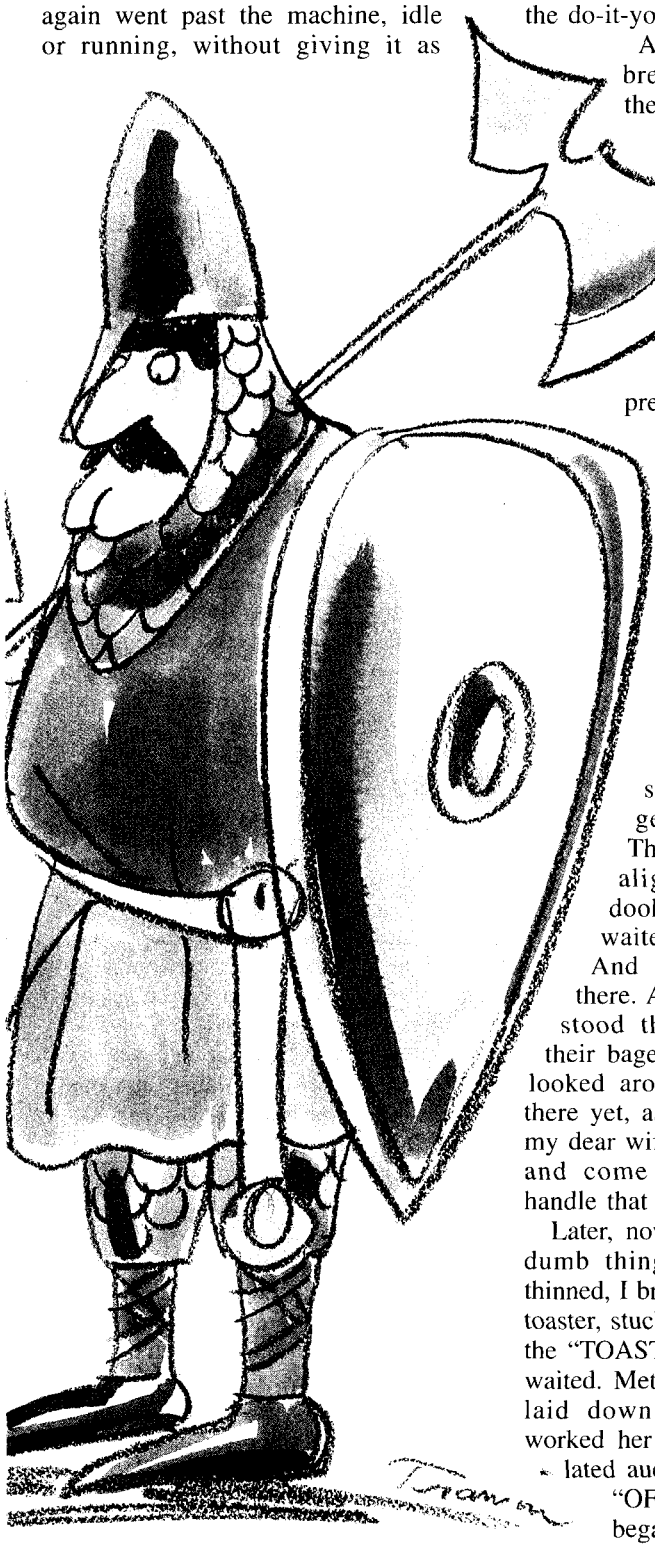
Laying a hot horseshoe back on the anvil, removing his pipe from his mouth and spitting expertly into a keg of sawdust, Frank casually remarked, "That's a h—— of a place for a dog."

Though Dad carefully watched the blacksmith's every move as he turned the cogs backward and set the dog free, it was knowledge down the drain. Even after the bald section of her tail had recovered its hair, Belle never again went past the machine, idle or running, without giving it as wide a detour as possible.

Well, like father like son, as the saying goes. Which returns us to the free breakfast at motels.

I refer in particular to a free breakfast I underwent not too long ago at the Comfort Inn in Richmond, Indiana. Not that I am complaining about any shortage of comfort as far as the inn is concerned, let me hastily add. I blame only my shortage of genes in the do-it-yourself department.



After watching fellow breakfasters press down on the handle of an orange juice dispenser and seeing orange juice dispensed into their paper cups, I finally found the nerve to walk boldly up, position my cup, and cockily press down on the handle. It came off in my hand. After working unsuccessfully to restore it, I had no alternative but to stick it behind the dispenser. Although I got no orange juice, at least I had the satisfaction of knowing that no one else got orange juice from that time forward.

For my next act, I inserted two halves of a bagel into the toaster oven. The word "TOAST" already aligned on the operational doohickey, I stood there and waited for the bagel to toast. And I stood there. And stood there. And people stood there and stood there behind me, waving their bagels and waffles whenever I looked around. I might be standing there yet, as a matter of fact, had not my dear wife laid down her sweet roll and come over to pull down the handle that put the toaster in business.

Later, now wise to the ways of the dumb thing and the crowd having thinned, I brought a second bagel to the toaster, stuck it in, smugly pulled down the "TOAST" handle, and waited. And waited. Methodically, dear wife finally laid down her sugared doughnut, worked her way through my accumulated audience, turned a knob from "OFF" to "400," and the bagel began toasting.

I am now sitting at my desk, having spent the past half hour trying to tape the bulb part of the floor lamp to the standard from which it has fallen. Walking past the open doorway to my dungeon and noticing the ribbons of tape streaming from my elbows, my dear wife stepped in and put the bulb part back on the standard simply by screwing it in. As she patiently pointed out, by being continually swiveled from my desk to the typewriter, the bulb section had become unscrewed.

If my dexterity-impaired genes went back no further than my father, there might be hope that one day I might still successfully step up and toast a bagel all by myself. But then I think of my grandfather, Fred, and the time he tried to progress from horse flesh to horse power by means of our Model T Ford Touring Car.

The "tin lizzie," as it was called—among other things—had been parked that day in the shade of a maple tree bordering our driveway. His driver ed limited entirely to observation, Grandfather's genes nevertheless must have assured him that he could drive the car up the ramp and through the double doors of the barn where the car was housed (or barned, in deference to you English students).

To our amazement, he not only got the engine started, but selected the proper pedal among the clutch, reverse, and brake on the floorboards at the driver's feet. Then hit the open doors of the barn dead center.

It was only after the T had disappeared into the dusty interior that his desperate yell came echoing off the stacks of baled hay: "WHOA! . . . WHOA! . . . WHOA! I SAY."

Fortunately, a stack of loose hay at the back of the barn held the damage to no more than a leaky radiator and headlamps now ideally adjusted for hunting coon.

I have no way of knowing, of course, in what era our family's genes for dealing with things of a mechanical nature went off the track. For the untidy sum of $20, I once had our lineage traced back to William the Conqueror.

If it is true that he was one of us, how he managed to conquer remains a mystery. I suspect there must have been a Mrs. William the Conqueror. And it was she who showed him how to fit an arrow to the bow. And after he had stood there and waited . . . and waited . . . she finally put down her tea cake and patiently explained how to send it off.

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VETS ON PETS

FINE-TUNING YOUR DOG'S DIET

How to avoid common feeding pitfalls during the nutritional changes in Rover's adolescent stage of clumsiness and loss of baby fat.

by Susan Donoghue, D.V.M.

Adolescence. The term conjures images of gangly clumsiness, challenges to authority, swings from exuberant overconfidence to self-embarrassment, loss of baby fat, and fickle appetites. Teenagers? Heck no, we're talking dogs! And if you and your new dog aren't quite there yet, adolescence is waiting just around the bend. As an animal nutritionist called upon to solve a myriad of feeding problems, I find that many of my cases involve canine adolescents for the simple reason that this age group experiences much nutritional change. It shouldn't be too difficult, however, for you to avoid some common feeding pitfalls. To begin, let's examine where you've been and where you're heading with your dog.

• **From puppy to adult.** As a tiny pup, your dog had very high requirements for nutrients and energy because growth and development were rapid. As puppies grow, however, energy needs per pound of body weight decrease slowly toward maintenance—the energy needed by a healthy, relatively inactive adult dog. For example, an eight-week-old pup needs twice the maintenance calories of an adult dog of the same body weight. But once a pup reaches 80 percent of its adult weight, only 1.2 times the calories of an adult of equal weight are needed. Your task is to match the right food for your growing pup in the appropriate amount.

Differences in breeds, diet, and environment, as well as individuality among dogs, account for why there are no simple feeding guidelines.

As if that weren't enough, we must also worry about a group of diseases known as growth disorders that affect adolescent dogs. Genetic makeup probably plays a role in causing these diseases, which primarily affect bone. But research also suggests that diet, especially mineral consumption, may influence the development of growth disorders.

• **Dietary basics.** Dogs may be fed balanced homemade diets or commercial pet foods. Balancing a homemade diet requires skill and knowledge, so enlist the aid of a canine nutritionist before placing your dog on this kind of ration. A common mistake is including too much or too little calcium, affecting bone development.

"Our goal for feeding the adolescent is to offer just the right amount of food so that the dog meets its genetic potential for growth and development."

• **Form.** Sometimes I'm asked which form of food—canned, semimoist, or dry—is best for dogs. Generally, I recommend canned or dry food, or a mixture of the two, but I rarely recommend semimoist food because it contains an abundance of preservatives and coloring agents.

Canned foods contain more water than dry (about 75 percent versus 10 percent). Because of this difference, it's not easy to compare nutritional factors found on pet food labels (the guaranteed analysis). A canned product may list on its label a protein minimum of 8 percent while a dry product may list 22 percent. But when the numbers are adjusted for water content and compared, the canned product contains more proteins.

Compare label guaranteed analyses. For most adolescents, the best products contain the highest levels of protein.

• **Ingredients.** Meat-based ingredients (poultry meal, liver, and egg) are generally superior to plant-based ingredients (corn gluten meal, soybean meal, and wheat middlings). Most meat-based ingredients are better digested and more palatable, meaning smaller stool volume and less flatus, and meat-based pet foods also contain more protein, which pups need for optimal growth.

When choosing pet food, examine the first six ingredients listed on the product labels. Those products with at least three meat-based ingredients will be most palatable and digestible.

• **Intended purpose.** All commercial pet foods are labeled with a statement regarding the nutritional adequacy of the product and its intended purpose. The products most likely to be high quality state that they meet nutritional needs for all stages of the life cycle as determined by AAFCO (Association of American Feed Control Officials) feeding trials. When feeding your adolescent dog, avoid products intended for adult dogs at maintenance. This implies that the product does not meet requirements for growth.

• **How much is enough?** Growing dogs consume more food, but the amount of calories they need per pound of body weight steadily decreases. Meanwhile, the number of meals you're providing each day should also be decreasing—from four to three and then two. Next, you have to consider their environment (exposure to cold temperatures increases their need for calories), exercise level (more work calls for more calories), perhaps even a budding interest in the opposite sex (which can cause males to lose interest in food).

• **Too many calories.** This is probably the most common feeding error I see in adolescent dogs. Growth slows, but the flow of calories never changes, so a pup adds body fat. Adolescence is the time when genetic programming turns the flow of nutrients into the direction of forming fat instead of muscle and bone.

Consider this example. One of my patients, a 12-month-old miniature schnauzer, weighed about 20 percent more than her ideal weight. Her ribs

continued on page 84

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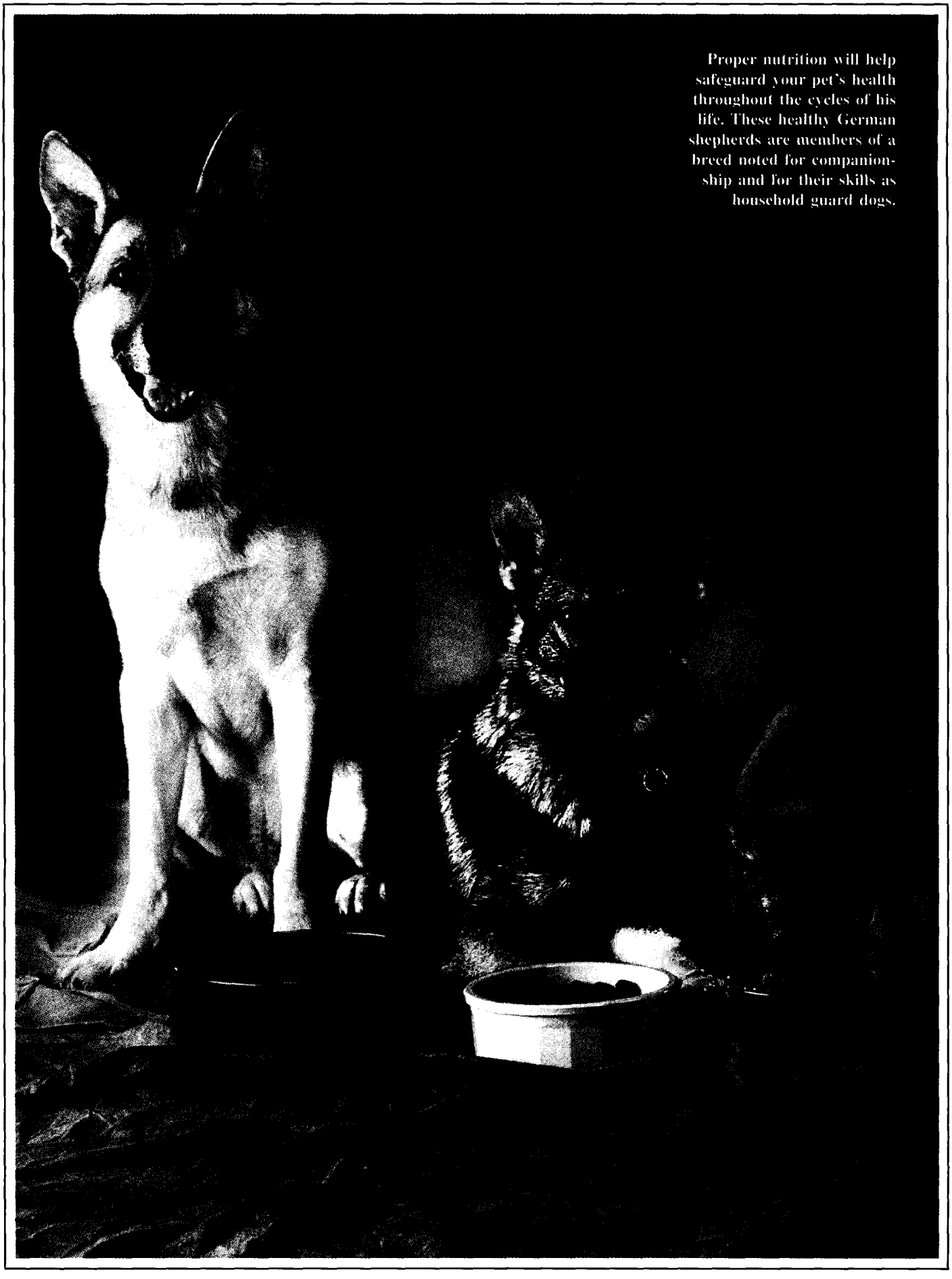

Proper nutrition will help safeguard your pet's health throughout the cycles of his life. These healthy German shepherds are members of a breed noted for companionship and for their skills as household guard dogs.

PHOTO BY KEVIN ANDERSON

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THE AMERICAN ILLUSTRATORS HALL OF FAME

OUR BRUSH WITH ROMANCE

Love springs eternal as boy meets girl on the covers of the Post.

by Maynard Good Stoddard

He could have been the boy in grade school who hid behind his geography book while straining his pupils over the girl sitting across the aisle. Today, having graduated to a park bench and a much smaller book, he's still up to his old tricks. If he keeps at it too long, though, his faithful companion may be required to assume the duties of a seeing-eye dog.

The modern description of romance goes like this, according to Mr. Webster: "A strong, usually short-lived attachment or enthusiasm." In days of yore, however, it went more along these lines: "A kind of love between the sexes, usually youthful and nonmarital, characterized by high ideals of purity, devotion, strong ardor, etc."

In his *Mary Garvin*, John Greenleaf Whittier wrote, "Tradition wears a snowy beard, romance is always young." But leave it to Oscar Wilde to pen these lines in *A Woman of No Importance*: "Men always want to be a woman's first love. That is their clumsy vanity. We women have a more subtle instinct about things. What we like is to be a man's last romance."

To embrace yet more closely our artistic-romantic theme, we must turn to the poetic phrasing of the one and only Lord Byron:

Romances paint at full
length people's wooings,
But only give a bust of
marriages:
For no one cares for
matrimonial cooings. . . ."

Post cover artists, as we shall see, were more centered on the old school of high ideals—as well as outright fun.

Talk about a full moon. This has to be the fullest moon prior to astronauts landing on it. And it's not even all there. Enough, at least, to support the legendary "man in the moon" and his ladylove, while he courts her on the strings of his trusty ukelele.

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THE SATURDAY
EVE ST

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Volume 202, Number 50

10c. in Canada

June 14,
1930

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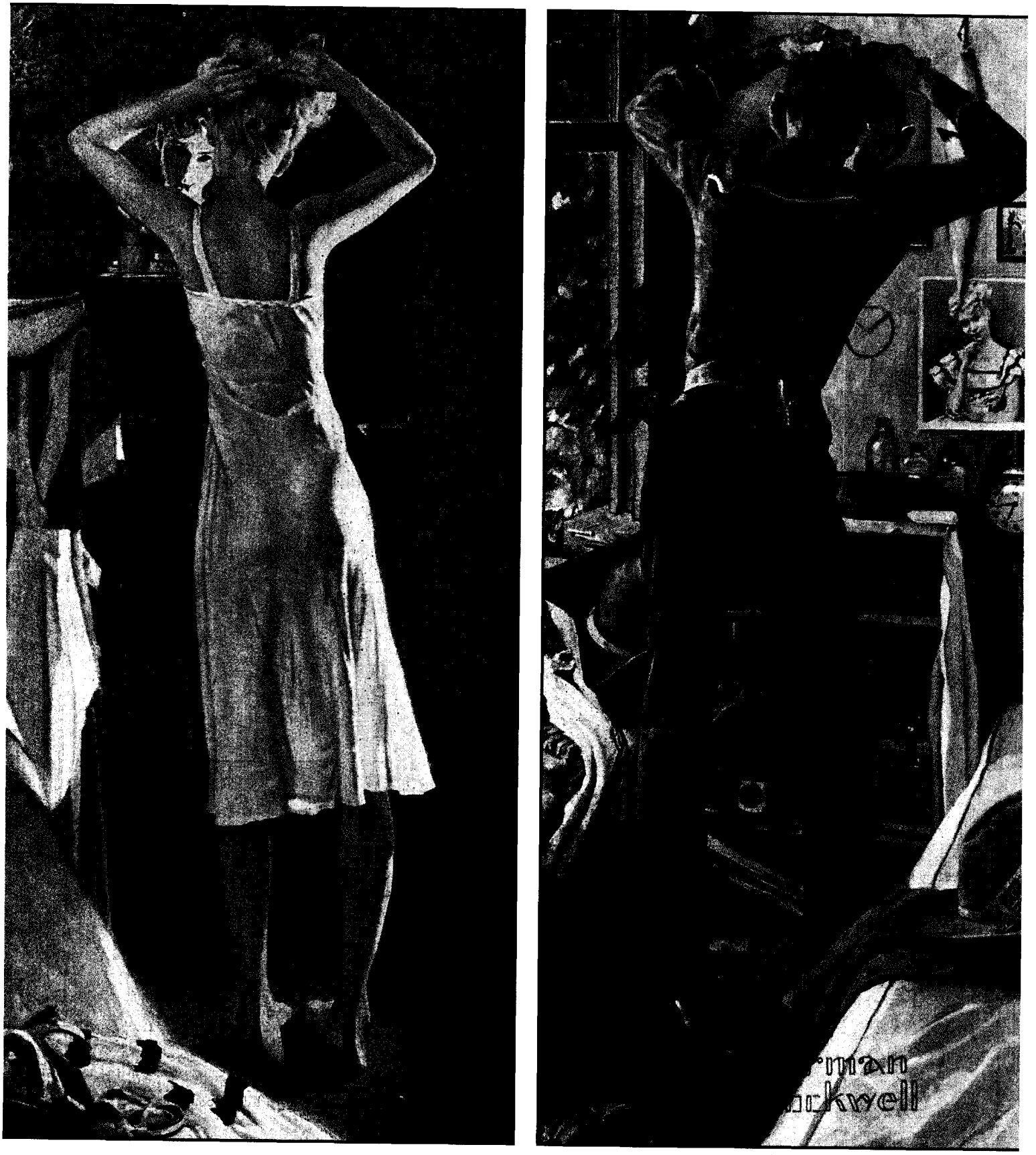

Norman Rockwell, as was his custom, used real flesh-and-blood models—the boy a bronco buster, the girl a Hollywood waitress—to bring this cover to life. The theme, he might have known only too well: the boy hurries his primping to make it to the girl's house on time, only to sit in the parlor cracking his knuckles while she dawdles upstairs making sure every hair is in its proper place.

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"Sailor beware!" could be the theme of this John Newton Howitt cover for the five-cent *Post* in 1940. Obviously, as Dickens penned in *The Pickwick Papers*, "a good uniform must work its way with the women."

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Will he or won't he? Should she or shouldn't she? First dates can be so perplexing. Or "parting is such sweet sorrow," as Shakespeare phrased it. Anyway, artist Amos Sewell leaves the answer of the kiss to our imaginations. Let's hope the lad goes for it before daddy opens the door.

It's getting late, but still he continues to squeeze the old squeezebox instead of the pretty young thing. Who but Norman Rockwell could give that expression to the maid in waiting? Is she hopelessly in love and hoping? Is she struggling to keep her eyes open? Or is she wondering what in heaven's name the reluctant lover finds wrong with her?

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The old corral was intended for the penning of livestock. But if a young buckaroo can come up with a contraption for corraling a girlfriend, as suggested by artist Charles Hargens, so much the better.

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Read Aloud for Children

The Silver Skates

A long time ago in a far-off land, a young boy had to decide between winning the race of his dreams or helping a friend in need.

by Mary Mapes Dodge

Condensed and adapted by Nancy S. Axelrad

Long ago, on a bright December morning, two children were kneeling on the bank of a frozen canal in Holland. They were fastening clumsy pieces of wood on their feet. Each wood piece was narrow and smooth at the bottom and pierced with holes, through which strings of rawhide were threaded.

"Skate with me, Gretel," said the boy.

He glided away as a squeak sounded under his feet. His strokes grew shorter, ending with a sudden jerk that sent him sprawling across the ice.

"Ha-ha! Catch me—now!" laughed Gretel, darting away as a far-off voice called to them.

"It's Mother," Hans said. "We have to go."

Without another word, Hans and Gretel pulled off their skates and hurried to their parents' cottage beyond the canal. The children had been kept home from school to help with chores, since their father needed Dame Brinker's constant care.

Only after the house was swept clean could Hans and Gretel return to their skating. At noon, their classmates poured from the schoolhouse for an hour of fun. Among them was Hilda van Gleck, the chief magistrate's daughter, who glanced sympathetically at Hans and Gretel's wooden skates.

"There's going to be a race on the 20th," she called out. "Silver skates will be given to the two best skaters. The race is free. Anyone can enter."

Gretel looked wistfully at Hans. "Even if we could do it," she said, "we couldn't go very far on these. The wood gets damp, and then it sticks and makes us trip."

"Who is the better skater?" asked Hilda, coming closer.

"Gretel!" Hans replied.

"Hans," said Gretel.

"This won't buy two pairs of skates," Hilda said, taking eight silver coins from her pocket, "but you can buy one pair, anyway."

"We haven't earned this," Hans said.

Hilda noticed the pretty wooden chain around Gretel's neck. "Then carve me a necklace, like this one," said Hilda and glided back to her friends.

Hans looked at Gretel shivering. "You need a warm jacket."

"I do not. I want to be cold," Gretel replied. "Besides, Hilda gave the money to you." Hans turned the coins over in his palm. "I know!" Gretel said. "We can buy a pair that's a little small for you and too big for me, and take turns skating."

"Nonsense," Hans replied. "You need skates that fit well, and you must practice every day. You're going to win the silver skates."

Gretel could not help laughing with delight. The following day there was not a happier boy than Hans. He watched his sister fly among the other skaters. The shining runners beneath her feet turned earth into a Fairyland, while "Hans, the best brother anyone could have" echoed in Gretel's heart.

"Look at Gretel!" exclaimed Peter Von Holp, who was Hilda's friend. "She has toes on her heels and eyes in the back of her head."

Hilda whispered to him, after which Peter also decided that his younger sister needed a wooden chain.

Yet Hans could not bring himself to buy skates when the family needed many other things.

"That little bit of silver can hardly buy everything," said Dame Brinker. "Only the money stolen from us is able to do that."

"Do you think Father knows what happened to it?" asked Hans.

"He may, but we won't know so long as he's like this," his mother replied.

Hans gazed at Raff Brinker, staring blankly at the floor. "Maybe this money can bring a doctor."

"No doctor would come for twice that amount,"

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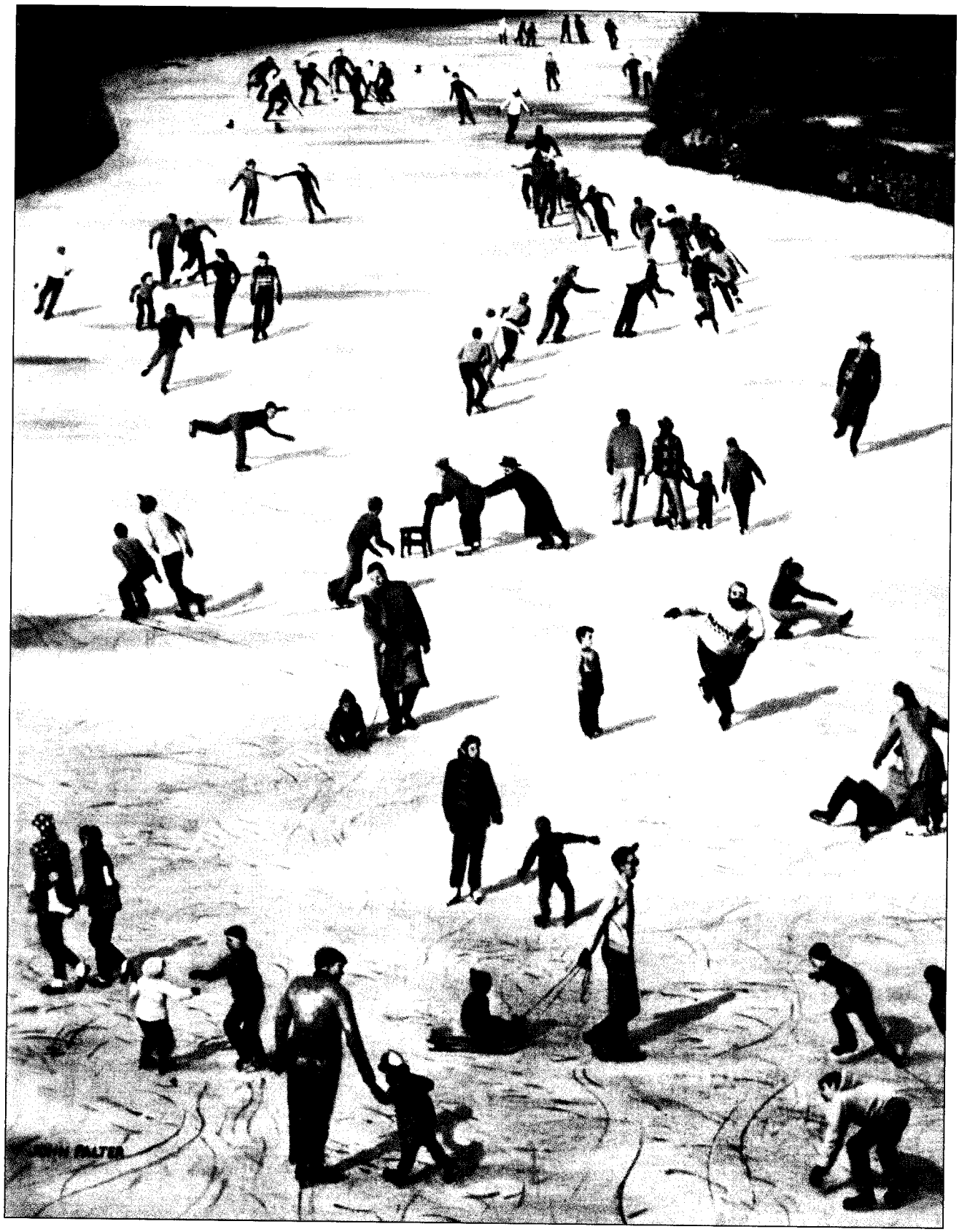

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said his mother. "Go, Hans, and buy your skates."

The boy nodded solemnly. But as he crossed the canal, he saw the most famous surgeon in Holland coming toward him. "Dr. Boekman!" Hans cried.

The doctor scowled at the boy. "I never give to beggars."

"I'm not a beggar," Hans said. "My father fell from the dikes. He sits at home like a dead man. Will you examine him?" The boy held out his silver coins.

"Put away your money," said the doctor, his eyes growing moist. "I'll come next week. Where do you live?"

"A mile south of Broek near the canal. It's only a hut. Anyone can point it out to you."

"I'll find it," Dr. Boekman said.

As he watched the man leave, a whistle rose to the boy's lips. He hurried to buy his skates, then returned home as fast as he could with the good news.

When the doctor finally arrived with his assistant, they talked a while in Latin and Dutch. "This is like another case I know of," Dr. Boekman said. "A man fell off a windmill and couldn't speak a word of sense after that. My doctor friend removed a small sac pressing on the brain."

"Did the man live?" asked the assistant.

"That's of no consequence," snapped the doctor. "It was a splendid operation."

Overhearing the remark, Hans cast an anxious glance at his father. "Are you saying that this operation may kill him?"

"It may, but I doubt it."

Dame Brinker gave an agonized look at her husband. Gretel looked with questioning eyes at Hans, whose head was bent in prayer.

Dr. Boekman spoke gruffly, "My time is short. Yes or no?"

"All right," said Dame Brinker.

"Then you and the girl must leave the room. The boy may stay," said the doctor.

"No, I stay with my husband," Dame Brinker insisted.

Gretel disappeared to a frozen mound of earth behind the cottage. She listened to her father's moans behind the shaded window. "Why did the doctor let Hans stay and send me away?" she thought angrily. She was no baby. Raff Brinker was her father, too.

"Down went the handkerchief. Up flew a cloud of ice from their heels. The crowd roared as Peter and Hans skated together, first one and then the other taking the lead. Gretel held her breath."

Eventually the cottage grew quiet. Gretel peered through a window. Her father's head was bandaged, and he was lying very still.

A shiver ran through the girl as she shook off her heavy wooden shoes and went inside to sit quietly with her mother and Hans. The hours passed slowly. Then Raff Brinker's hand twitched, and his eyes fluttered open. Gretel gasped as Hans and his mother leaned forward.

"Is the baby asleep?" asked Raff Brinker. "Where is Little Hans?"

"The baby!" echoed Dame Brinker. "Gretel, that's you! And he calls Hans 'Little Hans.' Oh, Dr. Boekman, thank you!"

The doctor pointed upward and bowed his head. Dame Brinker took her husband's hand and prayed.

"He needs rest," the doctor said.

"We can never repay you," said Hans.

"Yes, you can. Use your wits when the patient is awake," Dr. Boekman replied. "All this sniveling is enough to kill a well man."

It was not until much later that Raff Brinker spoke again. "Our savings was a help to you, dear, wasn't it?"

Dame Brinker would have told the truth, except that Hans stopped her.

"I was so sure that I told you where I buried the money," Raff said, "but in my dream just now, I didn't."

"Do you remember where you buried the money, Father?" Hans inquired gently.

"By the willow sapling behind the cottage," Raff said drowsily. "Son, shift this pillow. Good night."

"Good night, Father," said Hans.

After hurried preparations, he and his mother took a spade and a rusty implement used for breaking ice and went outside to dig. Hour after hour they worked. The hole grew larger and deeper, but the hidden money was not there!

Dame Brinker returned wearily to the cottage where her husband was fast asleep. She put a small block of peat on the embers and called to Hans through the open door.

"Mother, come here!" Hans shouted. "This stump has to be the tree Father was talking about," he said and drove in the ice-breaker. "You cut it down because it shaded the potatoes."

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Dame Brinker darted outside as Hans bent down and pulled up an old stone pot. Inside was a pouch filled with the lost treasure!

The family's joy seemed endless from then on. The day of the race brought more excitement. Townspeople from all over Holland gathered at a great plain of ice near Amsterdam.

Twenty boys and 20 girls stood in front of the crowd. The girls went to the starting line first. Hilda smiled at Gretel as an official read aloud the rules of the race:

"The girls and boys will take turns racing. Each group will race three times until one girl and one boy win twice. The skaters will start in a line, skate to the flagpole, turn, and come back to the starting point, making a mile run."

A few moments later, a handkerchief fell from the judges' stand. Five girls took the lead, bringing cheers from the spectators. Hilda flew past one girl as two others closed in. One was Gretel. The third girl shot ahead of Hilda and passed everyone but Gretel.

"Gretel Brinker wins the first mile!" the official shouted.

At once, the boys took their places. Down went the handkerchief. Up flew a cloud of ice from their heels. The crowd roared as Peter and Hans skated together, first one and then the other taking the lead. Gretel held her breath. A third boy whizzed ahead to the goal.

The next round finished more quickly. It was won by Hilda and Peter. By the start of the third round, the girls all felt sure they could skate the distance in half the time. They glided together in perfect balance until Gretel broke the line and sped to the front. The noise of the crowd was deafening as she raced to and from the flagpole back to the starting point. Gretel had won the silver skates!

Hans looked to see if Peter had caught sight of Gretel's triumph, but Peter was anxiously working on his skate strap.

"Here, take mine!" said Hans, pulling off a skate.

"I can't. It wouldn't be fair," said Peter.

"I'm not going to skate this time," said Hans and slipped his strap into Peter's skate. "Go, or you'll miss your chance."

"Thank you. You're a true friend, Hans," said Peter.

Again, the handkerchief fell, turning the race into a powdery cloud of mist.

"Fly, Peter!" exclaimed Hans as the other boy sailed to the flagpole and back again.

"Peter van Holp wins!" shouted the official.

Music filled the air, causing the racers to glide in formation, curling and twisting, until a shrill bugle call brought the procession to a halt.

Two pairs of silver skates flashed in the sunshine, throwing sunlight on Peter and Gretel. Bouquets of flowers were brought to each winner. Gretel hugged her bouquet along with her prize, then ran to find her father and mother.

That night was like no other in the Brinker cottage. Firelight from the hearth played softly over the beautiful silver skates and flowers on the table. Gretel and Hans, arms entwined, smiled as their father rose from his chair, snapped his fingers, and turned on his heels as if to dance.

Although Hans had not won a prize, he had captured the respect of Dr. Boekman. On the great doctor's next visit, he asked the boy an important question. "Would you like to become a physician, Hans?"

"Yes, sir," Hans said eagerly.

"Would you go to the university, study very hard, and become my assistant?"

"I would, sir."

"You would not change your mind as I prepared you to be my successor?"

"No, sir."

"He can jumble off Latin as good as any priest," interrupted Dame Brinker.

The doctor smiled. "Well, Hans, I see nothing to prevent this plan, if your father agrees."

"Fine with me. Money's the only problem," said Raff.

"Tut! Tut! The cost will be mine to pay," said Dr. Boekman.

Raff Brinker grasped the doctor's hand, while Dame Brinker made her best curtsy. Outside, the landscape was alive with falling snow.

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THE NEW FACE OF FITNESS

Innovative programs, computerized equipment, and cutting-edge technology are launching a new age of exercise as we enter the 21st century.

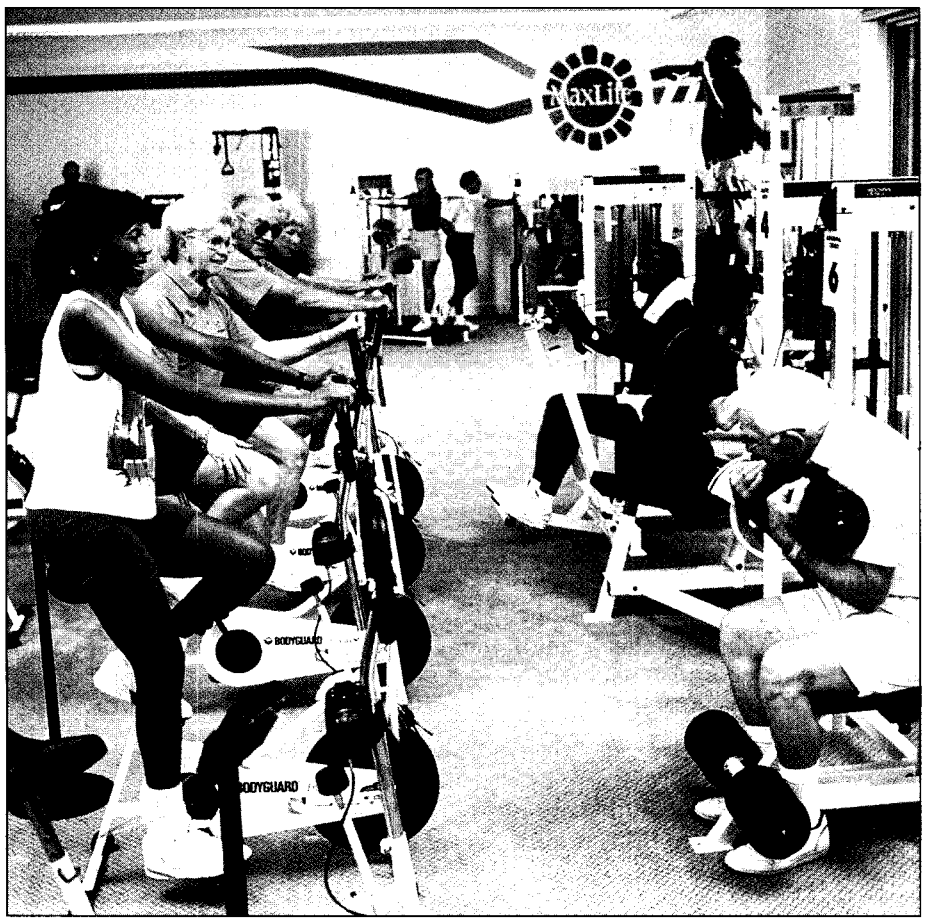
Fitness has come a long way since Sears, Roebuck and Company at the turn of the century advertised the Rational Body Brace that "removes the cause of all weakness and forms a natural support for every organ of the body," the Peerless Vapor Bath Cabinet, guaranteed to melt the lard out at a retail price of $2.95, and the Heidelberg Electric Belt, which administered a choice of voltage levels to sensitive body areas, offering "a quick cure of all nervous and organic disorder arising from any cause whatever."

The "good old days" paved the way for the advances in fitness equipment and techniques that are now available to all of us.

And none too soon.

In old comic-book ads, Charles Atlas' "98-pound weakling" got sand kicked in his face—if you'll remember—and embarked on a bodybuilding program. Thousands picked up on Atlas' advice about working out, yet most people considered musclemen to be rowing with one oar and weak between the ears. Then science stepped in to confirm that aerobic exercise and resistance training are not just for the musclebound; such training can benefit everyone.

Today, iron-pumpers and Reebok-thumpers range in age from 10 to 90 and beyond, and former 98-pound weaklings can be found kicking up sand during daily workouts along the beach.



MaxLife program participants 50 and older keep fit through weight training and aerobic exercise on Universal Crossline Circuit machines. Sorry, no youngsters allowed.

Some fitness advocates subscribe to the theory that moderate exercise is the key to health, while others believe only strenuous activity paves the way to a longer life. "No pain, no gain" echoes the credo for gung-ho grunters climbing toward the pinnacle of fitness. But "easy does it" fits more comfortably into others' lifestyles.

Experts tell us the benefits of exercise are roughly equivalent to the time and effort we put into the regimen. One thing is certain; we won't benefit at all unless, as the sneaker ads say, we "just do it!"

Fitness today is a multibillion-dollar industry, catering to our ever-changing tastes in fitness needs and appetite for variety. No longer are we faced with the bleak prospect of relentless iron-pumping, mindless pedaling, or body-wrenching jogging. With computerization, the fitness lifestyle is even taking on a life of its own. You can cycle through the mountains, in-line skate in Central Park, and keep track of your progress like a specialist, right in the comfort of your own home.

If you've fallen behind on the highway to fitness, check out some of the latest exercise equipment, designed to pick you up, stretch you out, pump you up, monitor your pulse, and put you back onto the road to well-being.

Fitness for the Over-50

Every city and most small towns have at least one gym. A peek inside the brightly lit facility loaded with barbells and shiny workout stations reveals a youthful crowd of well-toned, healthy twentysomethings and an occasional older member pacing their way through a "one-size-fits-all" standardized program.

MaxLife focuses on the fitness needs of athletes aged 45 to 84. Specifically, the MaxLife program, which uses Universal Equipment stations, designs individualized routines to address each members' needs and goals. The well-structured training programs address the singular physical concerns of older adults.

Posture, flexibility, strength, range of motion, and muscle tone are key factors that play a major role in the frequent aches and pains older adults experience—often the result of inactivity.

At the core of the MaxLife Fitness Program are 12 Universal Crossline Circuit machines that provide resistance exercise and add an aerobic

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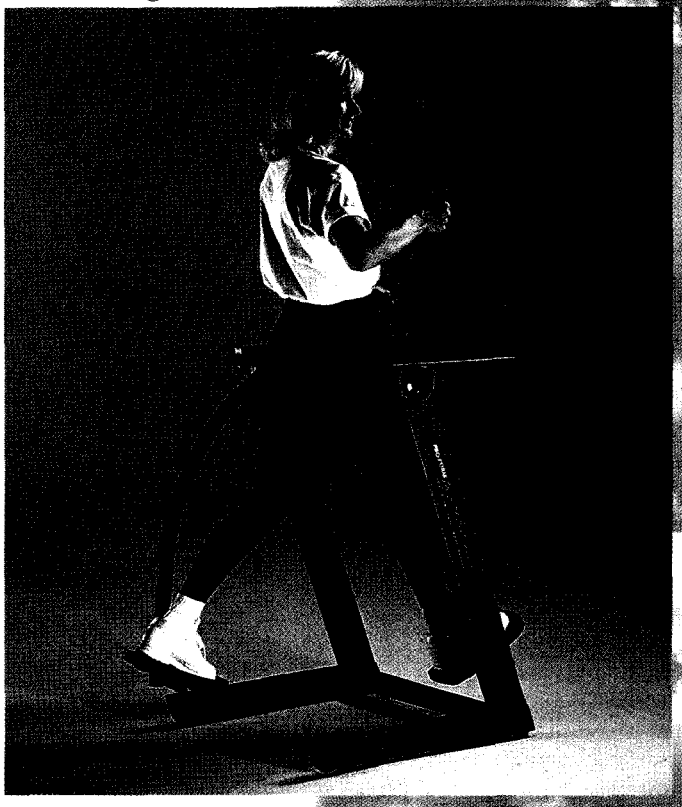
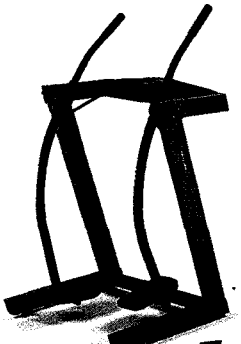
With a unique suspended design, the AirWalker lets you reap all the healthy benefits of walking without ever impacting the ground. And because it utilizes the natural motion of walking there's no special coordination required.

The AirWalker gets your upper-body exercising as well. By involving more muscles it provides a less strenuous way to a more complete cardiovascular workout. And its compact, durable steel frame can fit just about anywhere.

It's *easier* than a walk in the park & better for you.

introducing the ProForm AirWalker





No matter what your reason for wanting to exercise – bolstered immune system, stronger heart, weight loss, fighting osteoporosis – the AirWalker can meet your needs. Now you can try the Air Walker in your home for a 30-day risk-free trial. You can't find a better low-impact, total body workout.

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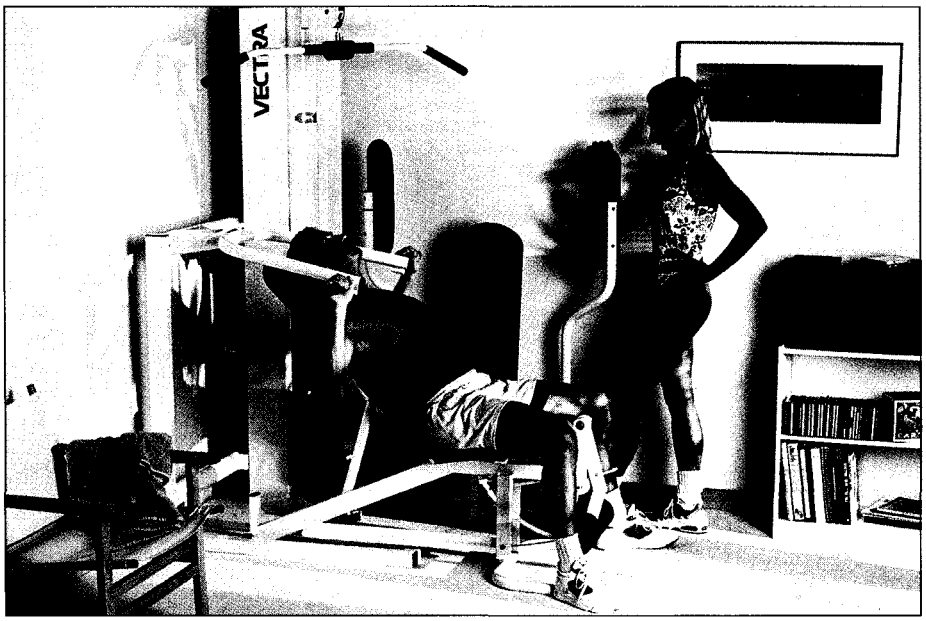


Vectra Fitness C-1 Multistation Gym

component to each workout for total-body conditioning. Initially, participants lift only 40 percent of their maximum capability; eventually, they'll be able to train within their target heart rate zone to achieve maximum aerobic benefit with minimum risk.

For more information, call 800-843-3906 or 319-365-7561.

A Corner Gym for Your Den

You've worked all day, right? It's well past 7:00 p.m. Staying in shape is important to you, if only the gym were a little closer or you didn't have that extra work to catch up on tonight. Many people share your predicament. Often, that extra push to get to the gym just can't be summoned up. You begin to miss workouts; pretty soon, working out becomes a chore you just don't do.

What if the gym were just feet away? Vectra Fitness brings the gym to your doorstep. Long recognized as an industry leader in the design of quality home gyms, Vectra is breaking new ground with the unveiling of the C-1 home gym.

Affordable and compact, the C-1 offers a complete gym facility in the convenience of your home at a competitive price. Shoulder shrugs, presses, squats, calf-raises, sit-ups, dips, and lying-down leg curls—a total body workout, minus that long trip to the gym, can be achieved on this all-in-one workout station.

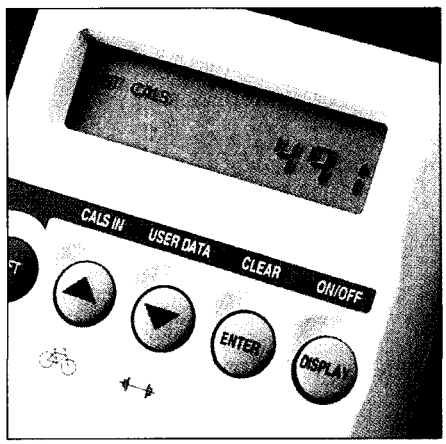
Price: starting at $1,995

For more information, call 800-283-2872.

Burning Up Calories

Take the guesswork out of how many calories you burned up doing such and such activity for so many minutes at this and that speed.

Thanks to the people at Muscle Dynamics, there's a simple, accurate way to keep track of how many calories you've burned. The product is called, appropriately, Caltrac. It is a powerful, beeper-size minicomputer that attaches neatly to your waistband. You can wear it around the house to see how many calories you burn making the beds, cutting the grass, shoveling snow, or working in the garden—not to mention its obvious use in keeping track of calories expended during aerobic exercises. Caltrac comes with a 15-minute video that explains the ABC's of the program, as well as a fitness guide, calorie-content guide, and an instructional manual.



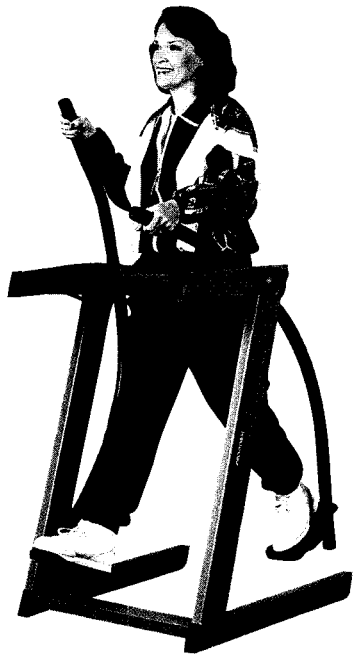
Caltrac

Price: $89.95

For more information, call 1-800-5-CALTRAC.

Walking On Air

If you're convinced that walking is good for you but worried about stress injuries to your bones, the ProForm Air Walker from ICON Health & Fitness might be a perfect solution. The nonimpact Air Walker offers a smooth, rhythmic motion that provides an effective, nonjarring aerobic workout. Upper and lower body muscle movement is increased for total body conditioning, and there's even an adjustable dial resistance to control personal workout intensity while providing an effective way to stretch the body's muscles, increasing flexibility. You'll feel like you're "walking on air" while getting your daily workout at the same time!



ProForm Air Walker

Price: $299.00

For more information, call 800-727-9777.

High-Tech In-Line Skating

Heavy traffic, not to mention scraped knees and elbows on rough pavement, has dissuaded many from joining the in-line skating craze—a trend with a following of more than ten million. Now, Nautilus has come to the rescue with its newest high-tech machine, which simulates in-line skating right down to the scenery. The Nautilus Skate Machine makes in-line skating easy; it's also the only cardio-

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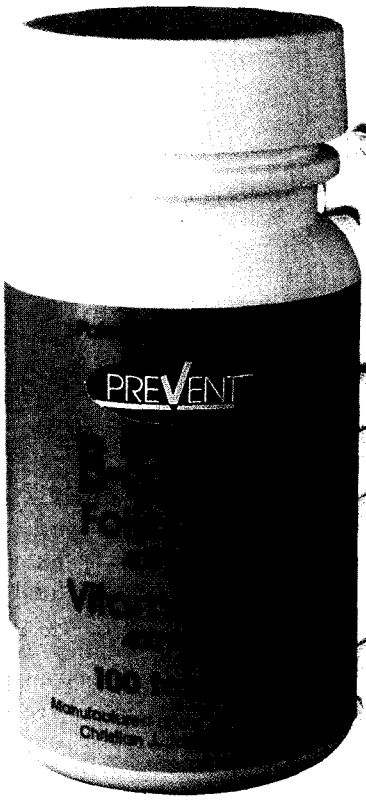
For Your Valentine



- If you love someone, give your sweetheart a bottle of heart-shaped B-Safe tablets to show how much you care.
- The folate in the heart shaped B-Safe helps lower high homocysteine levels that are associated with strokes and heart attacks.
- Give heart-shaped B-Safe to your wife if she is of childbearing age and you want to spare your child a sentence of life in a wheelchair with spina bifida.
- Take B-Safe to prevent disease, instead of gambling that "it won't happen to me."
- Researcher Dr. Christian Jansen has shown that B_{12} and folate taken daily can prevent pernicious anemia.

- We know that folate lowers homocysteine in the blood and that high homocysteine, like high cholesterol, increases the risk of heart attacks and strokes.
- We also know that neural tube defects, such as spina bifida, occur during the first 3 weeks of pregnancy before the conception is known and before prenatal vitamins are prescribed.
- And since we know lovers have unplanned babies, all females of childbearing potential should take a daily folate tablet.
- We call ours B-Safe. If you order a supply with the coupon, all of the proceeds will go to help the American Foundation for Preventive Medicine in its efforts to prevent strokes, heart attacks, and spina bifida.
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Nautilus Skate Machine

vascular machine that offers lateral, rather than linear, movement.

This new movement allows one to exercise both the inner and outer thighs while toning the legs and buttocks and keeping the cardiovascular system in pace. The machine is equipped with a computer that provides continuous monitoring of such vital statistics as calories burned per hour, miles skated, speed, time elapsed, and strides per minute. With 12 courses and 9 effort levels to choose from, you'll enjoy the state-of-the-art computer graphics that allow users to race through Central Park, Venice Beach, and other well-known skating locales.

Price: $3,195.00

For more information, call 704-875-1798.

The Floor That Gives You an Edge

Fitness starts from the ground up, and what you have underfoot is of prime importance, according to the Sport Court company, which has designed suspended flooring that provides "lateral forgiveness" and "vertical cushion." What does this do? The company says it enhances your performance, whether in basketball, tennis, soccer, or ice hockey. This floor takes trauma away from knees, ankles, back, and joints—and gives you great traction. Different types of flooring come in modular squares that can be easily installed in a home basketball or tennis court. A variety of designer colors range from bright red to silver to teal. For athletes of all ages and abilities.

Price: from $12,000

For more information, call 800-421-8112.

A Thoreau-ly Modern Treadmill

Naturalist-writer Henry David Thoreau believed that walking outdoors was the best all-around exercise. But even he must have blanched at the thought of hiking through the woods at minus two degrees, or in torrential rain or searing heat. Too bad he isn't around to enjoy the WalkFit 5500 treadmill. A University of Wisconsin study concluded that walking on a nonmotorized treadmill burns an average 53 percent more calories than ordinary walking or using a motorized

Nordic WalkFit 5500

treadmill. The nonmotorized, total-body version also provides a superior cardiovascular workout. WalkFit by Nordic comes in four total-body machines with both upper- and lower-body resistance that exercise more muscle groups, the body's primary calorie-burning source.

Price: $499 - $599 (depending on features)

For more information, call 1-800-528-3088.

Anti-Jarring Shoes

When it comes to subtlety, the inventors of Exerlopers could care less. These totally new, guaranteed-to-attract-notice boots absorb the stress-related injuries experienced by many

Exerlopers

joggers. Mounted on elliptical springs, Exerlopers delay the impact with the ground, thereby greatly reducing the jarring impact on your bones, muscles, and tendons. Additionally, you can use the Exerlopers to exercise indoors on a flat surface. The space-age appearance of the shoes may draw attention at first, but lifelong joggers, sidelined by shin splints or torn cartilage, will be grateful for a new way to exercise while enjoying the sport they love.

Price: $189.00

For more information, call Unique Life & Fitness Products Inc. at 800-463-5470.

Sport Court

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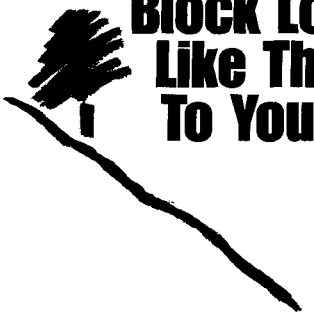
Does A Walk Up The Block Look Like This To You?



If you're experiencing a loss of physical agility, day to day vitality, or have common aches and pains, chances are these things are more about inactivity than age.

Exercise can give you back the energy you thought you lost forever. Especially with the **Universal Total Fitness Conditioning System,** designed for people of all ages. Just call 1 (800) 843-3906 or (319) 365-7561 for more information.

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Do you have big exercise plans but limited floor space?

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Vectra, the leader in home gyms, has the solution— the revolutionary C-1 Home Gym.

Imagine being able to get a "health club" workout in less space than required for a king-size bed!

Vectra accomplishes this not by downsizing or "cutting corners", but by the unique layout of the exercise stations. It even fits into a corner!

The C-1 gives you the maximum number of biomechanically correct exercises, the same solid construction and the same smooth performance as our other award-winning Vectra models.

You won't find Vectra in discount stores or on infomercials, but only at select specialty fitness retailers. To find the one nearest you, call 1-800-2-VECTRA.

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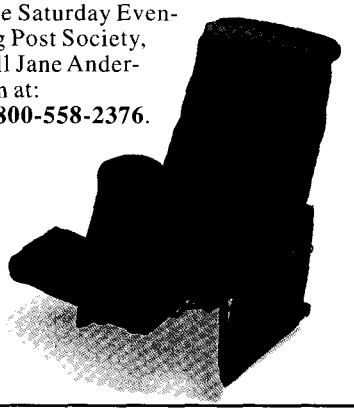
Tension in the human body is most likely to concentrate in the shoulders, neck, back, and legs. With your own Panasonic Massage Lounger, you can relieve pain and stiffness comfortably, in the privacy of your own home. The massage lounger increases blood flow, causing muscles to relax. The lounger is activated by a simple-to-use, hand-held control panel. To learn more about a special offer for members of The Saturday Evening Post Society, call Jane Anderson at: **1-800-558-2376.**



Scientific Breakthrough dramatically reduces chances of getting major diseases...including heart disease!

IT'S OFFICIAL! The Center for Disease Control and the National Institute of Health agree, *"By burning as few as 75 extra calories per day, a person can greatly reduce his or her chances of contracting these diseases: Cardiovascular disease • Coronary Heart Disease • Strokes • Colon Cancer • Prostrate Cancer • Adult Onset Diabetes • All Forms of Cancer"*

But how do you count these extra calories that you need to burn? CALTRAC™ is a beeper-size, mini-computer that hooks onto your waistline. It very accurately counts every calorie that you burn all day long whether it's from gardening, housekeeping, walking to the store, etc.! Every calorie counts! And you don't have to invest hundreds of dollars in fitness equipment...you already have the necessary gear -- your two feet.

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"I hate exercise and structured diets. With my little personal trainer, CALTRAC™, the weight came off slowly, healthfully, and permanently. My blood pressure even came down!" -- Diana Brodscholl, Waldrick, NJ

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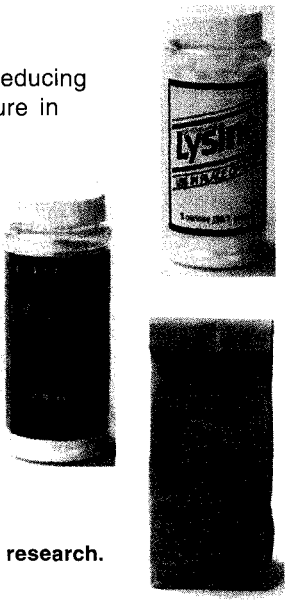

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Mushrooms

continued from page 16

longer. Serve over hot cooked rice.

Per Serving (1½ cups):
Calories: 228 Carbohydrate: 19.1 gm
Cholesterol: 52 mg Protein: 23.4 gm
Sodium: 128 mg Fat: 6.4 gm
Diabetic exchange: 4 vegetable + 2 lean meat

Mushroom Medley Chowder
(Makes 6 servings)

¼ cup low-fat margarine
1 pound chopped or sliced mixed fresh mushrooms (mixture could include white, crimini, portabella, shiitake, oyster)
1 cup diced peeled potatoes
1 cup diced carrots
½ cup diced celery
½ cup chopped onion
2 cups chicken broth
1 cup water
2 cups evaporated skim milk
1 tablespoon cornstarch
1 teaspoon salt (if desired)
¼ teaspoon ground black pepper

In medium saucepan melt margarine. Add mushrooms, potatoes, carrots, celery, and onion; cook, stirring frequently, until mushrooms are golden, 6-8 minutes. Stir in chicken broth and 1 cup water; bring to boil. Reduce heat and simmer, covered, 15 minutes. Meanwhile, in small bowl, combine evaporated skim milk, cornstarch, salt, and pepper; stir into saucepan. Cook, stirring constantly, until mixture comes to boil. Cook and stir to thicken slightly, about 1 minute longer. Serve hot, garnished with chives, if desired.

Per Serving (1½ cups):
Calories: 171 Carbohydrate: 23.0 gm
Cholesterol: 4 mg Protein: 8.8 gm
Sodium: 571 mg Fat: 4.8 gm
Diabetic exchange: 1 bread + 1 vegetable + ¼ skim milk + 1 fat
Sodium: 205 mg (without salt)

Pasta with Beans and Mushrooms
(Makes 6-8 servings)

2 tablespoons vegetable oil
1 pound halved or quartered fresh white mushrooms (about 5 cups)
1 cup chopped onion
1 cup diced carrots
1 teaspoon minced garlic
1 can (15.5 oz.) white kidney beans, rinsed
2 cups low-salt chicken broth
8 ounces diced lean ham (about 1 cup)

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1 teaspoon Italian seasoning
4 cups (8 oz.) wagon wheel pasta (uncooked)
1 cup fresh diced tomato

In heavy saucepot, heat oil until hot. Add mushrooms, onion, carrots, and garlic; cook, stirring frequently, until vegetables are tender, 6-8 minutes. Add beans, chicken broth, ham, and Italian seasoning; bring to boil. Reduce heat and simmer, covered, about 20 minutes. Meanwhile, cook pasta; drain; transfer to large serving bowl. Stir tomato into saucepot; cook until heated through, about 2 minutes; season with salt and pepper, if desired. Spoon over pasta. Sprinkle with grated parmesan cheese and fresh parsley, if desired.

Per Serving (1¾-2 cups):
Calories: 312 Carbohydrate: 43.8 gm
Cholesterol: 16 mg Protein: 16.4 gm
Sodium: 582 mg Fat: 7.9 gm
Diabetic exchange: 2½ bread + 1 vegetable + 1 lean meat + 1 fat

Tortellini with Mushroom and Garlic Sauce

(Makes 4 servings)

2 packages (9 oz. each) cheese-filled tortellini
2 tablespoons olive oil
1 pound sliced fresh white mushrooms (about 5 cups)
1 teaspoon minced garlic
1 package (10 oz.) frozen green peas in butter sauce, slightly defrosted
1 jar (7 oz.) roasted red peppers, diced
¼ teaspoon ground black pepper
¼ cup grated parmesan cheese

Cook tortellini according to package directions; drain; place in large serving bowl; cover to keep warm. Meanwhile, in large skillet, heat oil until hot. Add mushrooms and garlic; cook, stirring frequently, until tender, 5-6 minutes. Add peas, roasted peppers, and black pepper; cook, stirring occasionally, until heated through, 2-3 minutes. Spoon over hot tortellini; sprinkle with parmesan cheese.

Per Serving (1½-2 cups):
Calories: 303 Carbohydrate: 34.8 gm
Cholesterol: 16 mg Protein: 14.7 gm
Sodium: 655 mg Fat: 11.5 gm
Diabetic exchange: 2 bread + 1 vegetable + 1 medium-fat meat + 1 fat

Naomi Judd

continued from page 39

Naomi says sometimes she's the one who has to hold the pistol when her kids start complaining. Wynonna will say, "You guys don't understand; I've got an album coming out, and I'm planning my tour, and I've got a video and cover shot to do." Ashley will counter with, "I haven't had a day off [from filming] in eight months; give me a break." It is left to Naomi to put things in perspective: "I'll sit and listen to them and let them run out of steam. And I say, 'OK, but that doesn't change the fact we're spending the weekend together; the phones are off the hook.' Because the relationship between me, Larry, Wy, Ashley, and Elijah is the core of our substance; it's the family. And the girls know now; they've finally gotten it."

Oddly enough, the word "hepatitis" is never mentioned in Naomi's family and personal circle. "The only time I talk about my hepatitis is in interviews," Naomi explains. "And the only reason I do that is to help educate people and give them hope. In my real life, the word is never, ever alluded to."

I mention an anecdote from her book, where Bono of the Irish rock group U2 once reverently stared at Naomi and inquired: "Do you quite understand that you're an angel, that God has put you here on earth to help other people?" Naomi shakes this remark off and says, voice lowered an octave, "I'm no angel. I'm just a red-headed, boogie-woogie babe from rural Mars."

In lieu of an argument, I shrug back. The Irish can sometimes be prophetic, I tell her.

"Listen, the only difference about having money is that it calms your nerves," she retorts, considering this angel pop-star business faintly ridiculous. "And it gives you mobility. I know that stress; for decades, I was only a paycheck away from the streets with my kids. I've been to

Wouldn't It Be Wise To Avoid Memory Loss In Your Family?
MEMORY JOGGER™ is a science-based audio cassette memory improvement program for wise seniors who try to help themselves prevent memory loss before it is a serious problem. Research (e.g., see *Life*, July '94) now suggests that Alzheimer's disease often can be prevented. **Call 800-465-6448** or write **MEMORY JOGGER, 7451 Warner #H, Huntington Beach, CA 92647.**

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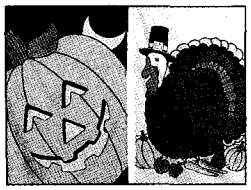

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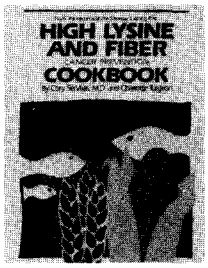

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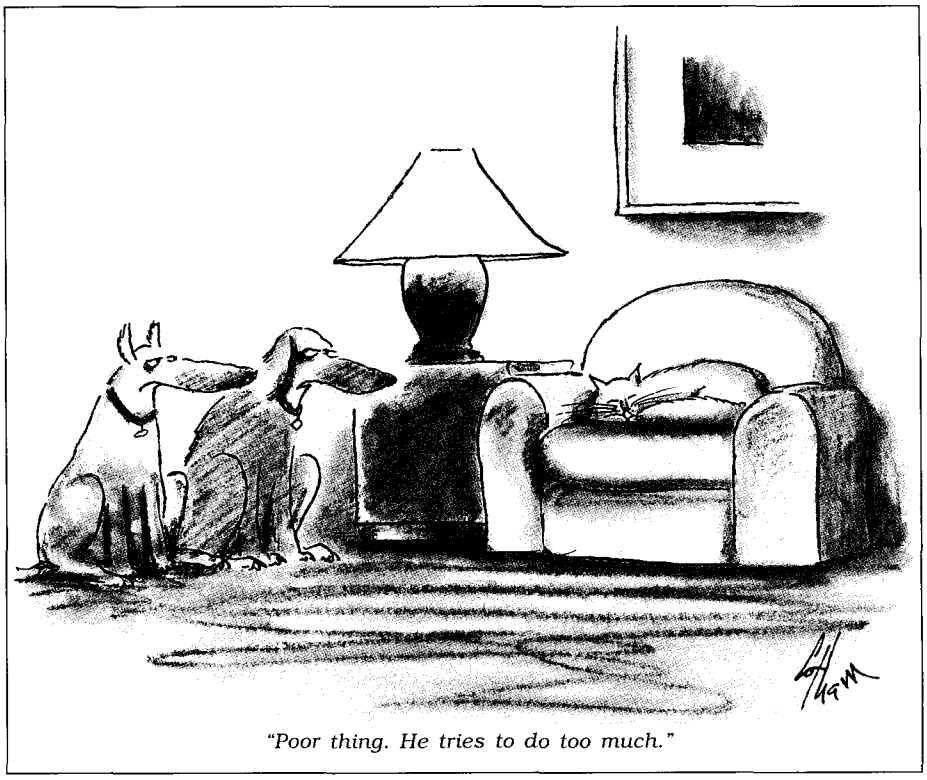

"Poor thing. He tries to do too much."

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the rodeo and I've seen the mud. I've always needed to be smarter than the average bear.

"And celebrity? The up side is that I feel at home anywhere I go in the world: Dublin, Belfast, Liverpool, or Shanghai. Especially in country music, people don't even bother to say their name; they'll just come up to you in the supermarket or airport or the street and just start telling you their problems. Can you imagine walking up to Kevin Costner in the market and spilling your guts? The down side is if somebody approaches me and I start to get that 'if-I-can-but-touch-the-hem-of-her-garment'-type vibe. I sort of make eye contact and say, 'Hey, I'm not a magical being; there's nothing different or special about me.' "

Two lovely rituals help smooth out her jammed life. First, her morning quiet times when she meditates, prays, reads scripture, and listens to music-only tapes. "When I'm at home, I have my decaf in my special china cup, and my glass kitchen lets me see deer and running horses, and it's like I'm in the midst of a National Geographic special." It's not a hit-and-miss gig with her. "It's like Holy Communion," she states. "I'd no more leave my home or hotel room without my quiet time than I would walk out stark naked." At night she has a similar ritual: lighting scented candles, lying in a hot bath in the dark, concentrating on a person who brought her something special that day. As chaotic as her schedule may get, she marks her days with a sharp beginning and an

continued on page 73

Facts on Hepatitis C

Hepatitis C, Acute Viral

- Researchers have named hepatitis viruses alphabetically as they were discovered. Hepatitis A, B, C, D, and E have been described; undoubtedly, the list will continue to grow.
- More than 3,000 cases of hepatitis C are diagnosed in the United States each year. The hepatitis C virus is responsible for most hepatitis infections that go on to produce chronic hepatitis, cirrhosis, and liver cancer. In about half the cases of hepatitis C, the inflammation becomes chronic.
- Hepatitis C virus is spread by exposure to contaminated blood during a blood transfusion, on infected needles, or (more rarely) during sexual intercourse, among household members, and from infected mothers to their newborn infants. Nearly half of the cases cannot be traced to their origin. Only since 1990 has all donated blood been screened for the hepatitis C virus.
- Currently, there is no vaccine against hepatitis C.
- Individuals with hepatitis C should not donate blood, plasma, body organs, other tissue, or sperm. Toothbrushes, razors, or other items that could become contaminated with blood should not be shared. Open sores or other breaks in the skin should be covered.
- Symptoms include yellowing of the eyes and skin, loss of appetite, nausea and vomiting, fever, extreme fatigue, and stomach pain. General discomfort, aching muscles or joints, and dark urine and pale stools may result. However, many infected persons have no symptoms. A blood test can detect the antibody to the hepatitis C virus. If this test is positive, additional laboratory tests determine any signs of liver damage.

Hepatitis C, Chronic Active

- Chronic hepatitis C is caused by an acute hepatitis C infection.
- Chronic hepatitis is characterized by ongoing liver inflammation and destruction of liver cells that persist for more than 6 to 12 months.
- Chronic active hepatitis destroys liver cells, resulting in development of scar tissue in the liver (cirrhosis). The condition may ultimately lead to liver failure.
- Symptoms of chronic hepatitis include: general discomfort; fatigue; loss of appetite; nausea and vomiting; jaundice; small, red, spidery veins on the surface of the skin (spider telangiectasis); pain or tenderness in the upper right abdomen; abdominal swelling; fever; amenorrhea; acne, and joint pain.
- Diagnosis is based on patient history, physical examination, blood tests, and liver biopsy.
- Corticosteroids, immunosuppressant drugs, and alpha-interferon may be prescribed to treat chronic active hepatitis C.
- Liver transplantation may be recommended when the liver has been severely damaged.

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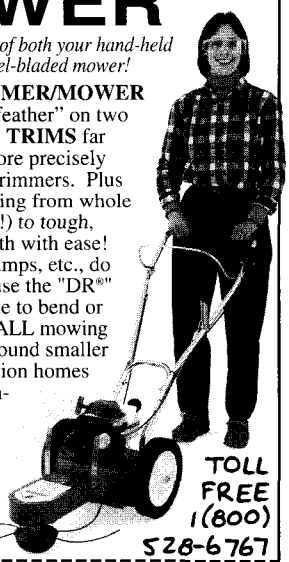
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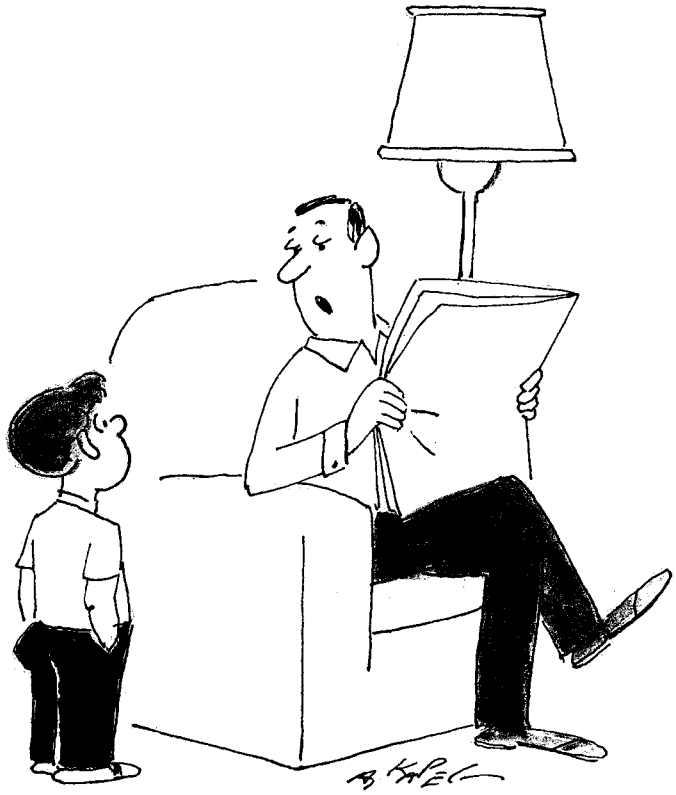
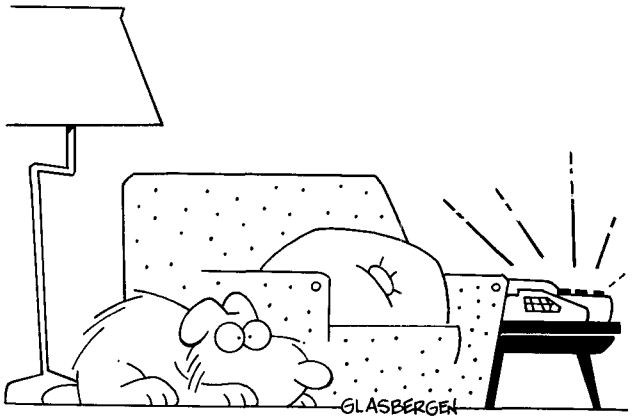
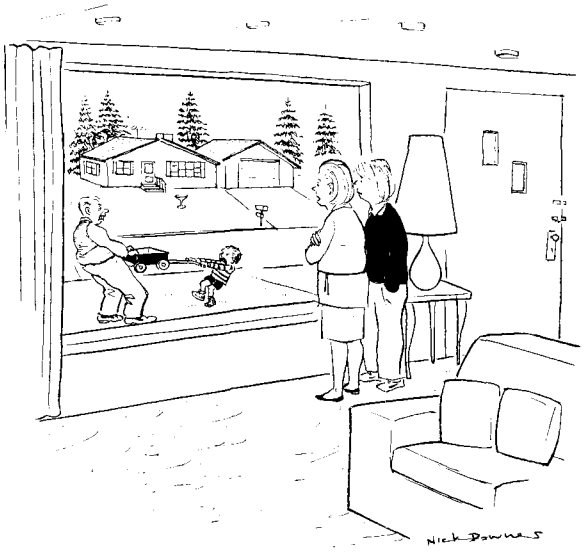


"A Frank Sinatra cassette and a little too much wine. That's where babies come from!"



"I'm not in, so please leave a message. And maybe you could leave a message for my dog Sally, too, because something like that would really make her day."



"How I wish he'd lose his inner child."

"Why don't you ever tell your wife you like her hairdo when she returns from the beauty shop?"

"Hey, Dad, want to be the second guest on my late-night talk show?"

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Naomi Judd

continued from page 71

end, so life and energy flow better.

Once plagued by "hideous panic attacks," Naomi has now overcome them. However, she reveals a deeper, secret sadness: "I'll tell you what happens more than worrying about the hepatitis coming back is missing singing." She whispers now in a sad, southern cadence. "That's *hard*. And I admit it. I'll be humming to myself in my car, and I'll burst into song, and all of a sudden I'll just start crying, and I think I just miss being on that stage with Wynonna. I miss singing, I miss communicating with those people, I miss traveling. . . ." Her voice trails off. We've hit the center of the target and it's getting late.

She says good-night with an extended hug and flashes the peace sign. She then leaves to call Ashley, who went to Naomi's mother's 50th high school reunion, and Wynonna, who went to Larry's family reunion. She'll likely check on Elijah as well. Earlier, when she opened her briefcase to pull out a tape, there were three pictures informally cut out and pasted on the latch: Wynonna and Ashley together on the left; a laughing Elijah on the right; and Larry underneath. Just a normal mother, grandmother, and wife out on the road. ⁂

Travel Language

continued from page 27

prudish in their outlook, but is it really necessary to post a sign: "It is strictly forbidden on our Black Forest camping site that people of different sexes, for example men and women, live together in one tent unless they are married with each other for that purpose."

I am told that for the otherwise unsuspecting tourist, the following sign proved a real crowd puller. Perot Phillips claims it to be true that in an Austrian hotel room he found the sign: "If service required, give two strokes to the maid and three to the valet."

There are undoubtedly more and varied versions of the use of English, unprotected as our language is from the interference of emerging and ambitious entrepreneurs. Nevertheless, I prefer seeing English develop as the lingua franca around the world rather than being suffocated for the sake of so-called purity by some ill-advised legislative process. ⁂

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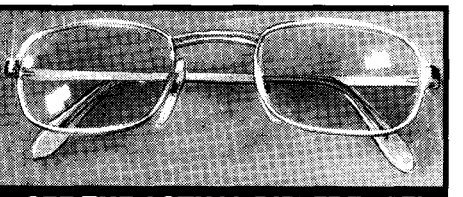

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ISLANDS IN THE SUN

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Whether you prefer an international playground, a private little getaway, or a tiny jewel within shouting distance of Florida's coast, there's an island in your future. All you have to do is shop around. Just in time to chase away the winter blues, the *Post* samples three destinations, all close to home, that will tempt you with sunny beaches, championship golf courses, and a lean cuisine with a Caribbean twist.

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BAHAMAS: REDISCOVERING PARADISE

When the invitation to explore the "newly renovated" Paradise Island arrived, I was hesitant. The Bahamas have been getting a bad rap, ranking at times near the tail end of travel critics' recommended tropical excursions, frequently associated as a cruise-ship afternoon port of call and, of course, gambling mecca.

Thankfully, I accepted. I discovered the rejuvenated Paradise Island as Paradise Found—an unforgettable experience that will remain among my most enjoyable travels.

The Atlantis River Ride meanders through the lagoons, providing a relaxing ride on a gentle current through Paradise Island's tropical landscape.

Paradise Island, once known as Hog Island (renamed after developers recognized the name lacked, shall we say, tourism appeal), is located across the bridge from Nassau, Bahamas' capital—a 30-minute ride by jitney (bus) during rush hour over often-bumpy roads. Many visitors bypass the jitneys and taxi rides by flying directly into Paradise Island's own airport via daily, nonstop flights on U.S. Air Express from the Miami, Fort Lauderdale, and West Palm Beach airports. However, you should remember to bring a valid passport, birth certificate, or driver's license to enter the independent country.

After crossing the bridge connecting Paradise Island to Nassau, we arrived at the newly renovated Atlantis Hotel. A massive marble fountain standing at the entrance to the hotel welcomes visitors in grand style to the adventure ahead. The main lobby is decorated in subdued, yet inviting tropical yellows, oranges, and greens in the carpets and plush furniture. Comfortable seating areas with an array of native floral arrangements softly blend with the pale coral walls and shiny marble floors. The spacious and comfortable rooms all feature a balcony overlooking the hotel's recently added 14-acre Waterscape with a breathtaking view of the Atlantic Ocean beyond.

Duty-free shops line the halls of the Atlantis off the lobby entrance, catering to expensive tastes in Baccarat crystal, Bahamas' world-famous emeralds, and designer labels, but also offering the less pricey key chains, native crafts, and "I was here" T-shirts.

Immediately past the shops lies the central dining court. Off to one side, the elegant Villa D'Este restaurant features the island's finest northern Italian cuisine, presented in a romantic, elegant European atmosphere (try the Penne Pasta with Scallops). Opposite Villa D'Este is a local favorite—Mama Loos. Decorated in an Oriental motif with dark, hand-carved mahogany partitions and colorful, royal-silk kimonos framed and prominently displayed on the walls, Mama Loos specializes in a unique blend of Caribbean-Oriental cuisine and is famous for its fresh lobster and Seafood Stir-Fry.

The Atlantis has 12 gourmet and specialty restaurants to suit a wide variety of tastes. For an outdoor lunch, try the Lagoon Bar, which you can get to only through an underwater viewing tunnel running beneath Predator Lagoon. As you walk through the 100-foot clear underwater viewing tunnel, you can almost touch the sharks, parrotfish, flounder, sea turtles, and other colorful marine life. For the budget-minded or hungry and on-the-go, Seagrapes restaurant is more casual, offering a delicious, all-you-can-eat breakfast, lunch, and dinner—a particular favorite among vacationing families.

However, most people journey to the Bahamas for a tropical escape. Sun International Resorts, following the vision of entrepreneur and resort expert Sol Kerzner, completed its multimillion- dollar makeover of the hotel in December 1994. Kerzner's principal goal was to restore Paradise Island, including the Atlantis Hotel, to world-class status and to transform the island's reputation from principally a place to gamble—with, by the way, a hotel—to a vacation resort appealing to entire families—young and old, rich

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The focal point of the renovated, family-oriented resort is the 14-acre Atlantis Waterscape, featuring six marine-life exhibit lagoons, more than 40 waterfalls, five swimming pools, two underground grottos for underwater observation, an underwater clear pedestrian tube, a suspension bridge, and artificial coral reefs.

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and not-so-rich. The casino remains a draw card, but Paradise Island offers much more. The once rundown hotels are completely refurbished, the 14-acre water wonderland theme park appeals to everyone, and a high standard of service is constantly maintained by a hand-picked staff from around the globe.

In one year, Kerzner realized his dream.

Renovation of the island's hotels is now all but complete. The main attraction for most, however, isn't blackjack or a slot machine, but the $60 million, 14-acre Atlantis Waterscape, featuring 40 waterfalls, five swimming pools, a waterslide, three underground grottos, and the popular underwater viewing tunnel. Add to that a 90-foot suspension bridge, artificial coral reefs, and 35,000 pounds of tropical fish representing more than 100 native species in well-maintained habitat. The lagoons are home to tide pools and mangrove habitats where live sponges, coral, marine plants, small fish, urchins, and starfish are well cared for and content. I watched onlookers of all ages engrossed in witnessing and learning about our ocean neighbors—nature's sea creatures in a natural environment.

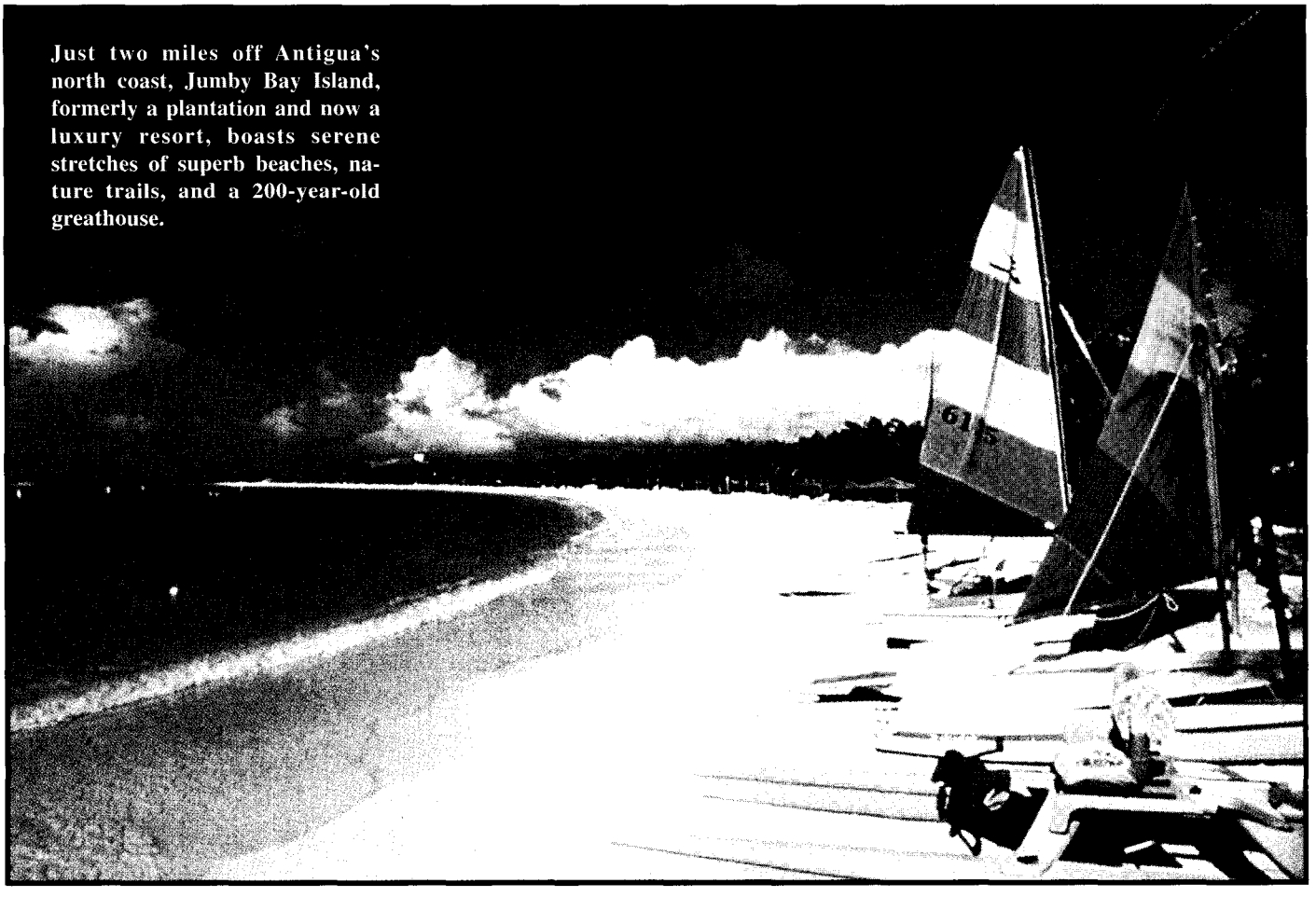
The swinging suspension bridge seemed wobbly at first, but we survived its span across Predator Lagoon—where ocean predators of the sea glide eerily through the water below. Little ones and others (yours truly) in need of a restful ride grabbed complimentary mats and towels from a nearby pool hut and contentedly sailed down the one-quarter mile River Ride.

Beyond Waterscape is a stone pathway that leads to the expansive and captivating Atlantic waters. In our excitement, we dove under the turbulent waves, but the overpowering surf ushered us swiftly back to shore, where comfortable lawn chairs sat ready and waiting for us to take an afternoon nap. Although many appeared content to kick along the tide of the white sandy beaches, others opted for the more vigorous activities, such as parasailing, wind surfing, and jetskiing. Whatever the decision, we were constantly reminded to apply plenty of sunscreen: these are the tropics, time passes quickly, and what may seem like a harmless, breezy afternoon could produce a blistering sunburn that spoils your entire stay.

Paradise Island caters to its guests' wide range of tastes and experience levels in sporting activities. The resort features an 18-hole oceanfront championship golf course, tennis courts, windsurfing, Aquacat sailing, kayaking, snorkeling, and scuba diving from early morning until sunset—with on-staff professionals to initiate beginners or better the game of seasoned players.

My daughter and I decided on a deep-sea scuba dive. The Atlantis regularly schedules free afternoon and morning classes to hotel guests. Our group ranged in age from 7 to 70, with but one thing in common: none of us knew the first thing about the sport. A patient scuba diving instructor carefully coached us with a one-hour crash course on the ABC's of scuba diving, along with a still-remembered hand-signal distress call.

After the class, several of us opted for the real thing—an offshore 30-foot dive. Still wet from the pool, we piled into a jitney bound for the nearby Blue Lagoon—the launching dock for ferryboat trips to the main island, as well as a marina full of for-hire fishing and scuba-snorkeling adventure yachts. We jumped aboard the two-decker boat and slipped out of the bay



Just two miles off Antigua's north coast, Jumby Bay Island, formerly a plantation and now a luxury resort, boasts serene stretches of superb beaches, nature trails, and a 200-year-old greathouse.

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into the open ocean waters.

OK, at first we were a little hesitant to plunge into 30 feet of water (an instinct I believe is healthy), but fear quickly gave way to fascination as we carefully followed the instructor down, down, down to the sandy bottom of the ocean. Once there, living coral beds and a kaleidoscope of tropical fish awaited our discovery. To attract the shy inhabitants closer, the instructor opened a jar of bait, quickly attracting schools of fish. Suddenly, we were completely surrounded by marine life, large and small, some playful, some timid, but all harmless and as curious about us as we them. I highly recommend the scuba excursion, safely experiencing, if just once, the underwater world.

With all the amenities and activities, Paradise Island can easily become a self-contained vacation. But don't forget—you're in the Bahamas and busy, culturally diverse Nassau beckons across the bay. Plan an afternoon or day trip. The hotels provide courtesy buses that escort you once again to the Blue Lagoon, where you can board a ferry for about $3.00 per person. The ferry drops you off at Prince George Dock in Nassau—just a few feet from the center of the business district. Near the dock is the Junkanoo Expo museum. Plan a visit. If you're lucky enough, schedule your trip around Christmas holidays—the night before Boxing Day or New Year's Eve. The island springs to life with an all-night celebration of *junkanoo*—the Bahamian version of Mardi Gras—a costume, dance, music, and cultural celebration. The 15-foot-high, 10-foot-long, brilliantly colored crepe-paper costumes, meticulously painted in brilliant hues, are created to celebrate and reinforce both Bahamian culture and native values. The costumes, once used, are then stored year-round at Junakanoo Expo for popular viewing.

Nassau's shopping highlight is the well-known Straw Market, located off Bay Street. Here, stall after stall of native, hand-crafted straw baskets, hats, purses, carryalls, mats, and fans are crowded into individual vendors' stalls. The ever-popular T-shirts are abundant, and if you carefully search, you'll discover island treasures such as handmade jewelry, Bahamian antiques, wood sculptures, and original paintings. Bargain with the vendors—it's part of the game to them—and you can walk away with some real deals.

On Bay Street, world-renowned traders in crystal, perfumes, silver, and, of course, emeralds line the heavily traveled street. Be familiar with U.S. prices, though. At times, you might be able to make the same purchase at home, even though purchased duty-free from the Bahamas. I found the side streets off Bay Street much more interesting, providing glimpses of real native crafts, weather-worn churches, museums, herbalists, and art galleries showcasing the islands' most well-known original painters and sculptors.

After a day in Nassau, nightlife picks up at the Atlantis, where headliner shows, such as Blood, Sweat and Tears and Frank Sinatra, Jr., are on the marquee. Three steps away, however, are the night's main attractions—games of chance. The 30,000-square-foot casino is a blaze of flashing multicolored lights, clanging sounds, shouts of joy, cries of anticipation, and the ever-present "swoosh" of levers.

I sat down at a machine, eager to make wishes come true. After ten yanks on the well-worn lever, the siren sounded; the red, white, and blue lights flashed, and a team of the casino security staff headed in my direction. *Now what have I done?* I thought. What I *had* done, I was cheerfully informed, was win $1,200. Crowds surrounded me, asking questions—"How many quarters did you spend?" "Why didn't you put three quarters in? You'd have won $5,000!" Beginner's luck, I replied, shrugging—a refrain, I later heard, in every aisle.

Win or not, the slot machines and the casino atmosphere are exciting, contagious, and most of all fun (not to overlook rewarding). In the center of the casino sat the blackjack and other card-game tables, where "players" and the proverbial "high rollers" were easy to spot with their chips of different colors carefully stacked, some smaller than others. As a novice, I must admit it's easy to be swept away in this easy-come, easy-go environment. I recommend setting a limit on the amount you'll risk. Whether it's just $5.00 or $500, sit down at a quarter slot machine that "feels lucky," slip in that coin, and pull. You may be next in line to hear the oh-so-welcome sound of sirens and bells.

The four-day stay at Paradise Island and the Bahamas was too brief, but the memories of cascading waterscapes, underwater adventure, marine

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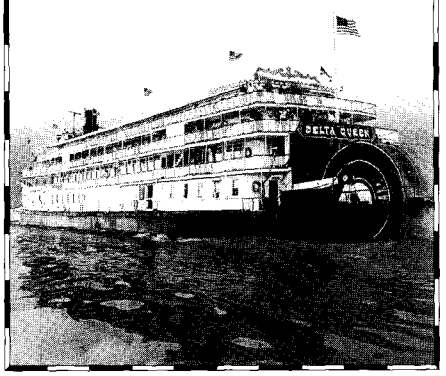

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life, white beaches, beautiful sunsets, balmy breezes, crashing surf, friendly service, lighthouse vistas, the clanking sound of silver coins, and rich cultural insights remain fondly intact. I left Nassau and the Bahamas with a completely changed point of view and a fervent wish to return to the destination which, I now believe, is aptly named—Paradise Island.

For more information or reservations, call your travel agent or contact Paradise Island, 1415 East Sunrise Blvd., Fort Lauderdale, FL 33304, or call 800-321-3000.

—Patrick Perry

SOMETHING NEW UNDER THE SUN

Jumby Bay, a private little island just north of Antigua, boasts something seldom found in the Caribbean: delicious, yet health-minded food. Now, along with the crystalline waters, white-sand beaches, and tropical breezes you expect in the West Indies comes an unexpected bonus, three times a day no less. And the man responsible for giving lean cuisine its Caribbean flair is Rex Hale, Jumby Bay Island's executive chef.

Hale hails from St. Louis and has overseen kitchens at premier restaurants in Dallas, New Orleans, and Kansas City. Along the way he's collected a batch of honors, among them the prestigious James Beard Award. In 1992, *Food & Wine* magazine tipped its toque to Hale, calling him one of this country's rising culinary stars.

So when he headed down to Jumby Bay in 1994, visitors to the 300-acre island were certain to have a taste treat in store. Hale is one chef who loves nothing better than to experiment, eager to show off his ability to skillfully blend seemingly contradictory fare, such as classic French and Caribbean cuisines. "After all," he says, "there's nothing new about food itself. It's what you can invent with it that makes it fun."

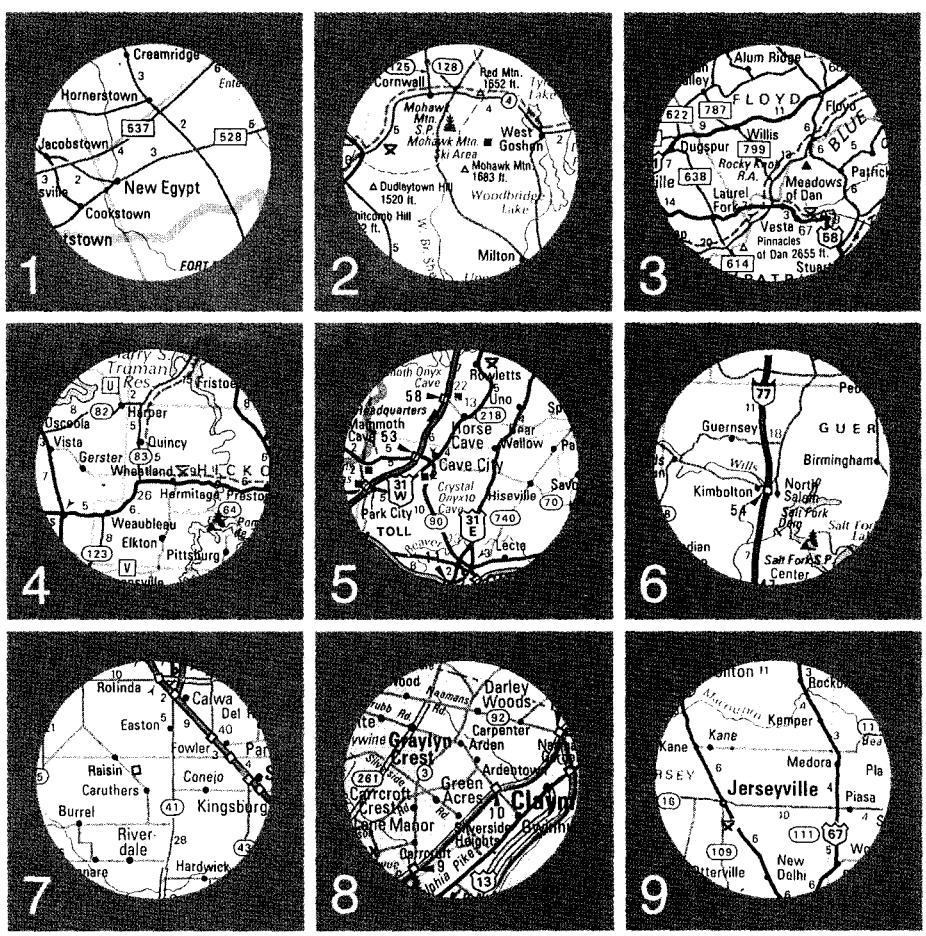
Hale also enjoys the challenge of creating food that's not only heavenly to eat but also down-to-earth when it comes to health. Even vacationers know the importance of controlling their cholesterol and sodium intake, and Hale wants to be certain that his guests don't have to sacrifice health for dining pleasure.

So, for openers, he takes full advantage of the freshest local fish, usually prepared no more than four or five hours after it's been caught. He then combines it with an array of fresh local produce—typically yams, pumpkins, squash, passion fruit, cassava, and malanga—and transforms it into such tempting dishes as Chilled Tuna Escabeche with Curry and West Indian Fruit Relish, or Sea Urchin Flan with Mango Ginger Sauce. The wonderful flavors of native fruits and vegetables even turn up at breakfast. Don't be surprised to find, for instance, that your pancakes are made with bananas and cinnamon topped with a pungent Antiguan rum syrup, although you can also stick to more calorie-conscious fare, such as cold or hot cereal, English muffins, and fresh fruits and juices.

Hale's culinary quality control begins with a weekly ferry ride to Antigua, where he scours the markets for the freshest ingredients to fill the Jumby Bay larders. These items are supplemented with the best of imports: cheese from France, free-range chickens from Arkansas, beef from Colorado. In addition, Hale tends his own two-acre farm boasting some 100 varieties of vegetables and herbs.

Perhaps the best part of dining at Jumby is *where* meals take place: in the 230-year-old Estate House—a witness to some of the most exciting days of the island's history, when rum smugglers and sugar barons ran wild. Today, it's where you can partake of some of the best food the region has to offer.

So if the turquoise waters and the luxurious living quarters aren't enough to lure you to Jumby Bay Island, Rex Hale's Crabmeat with Avocado and Lemongrass is sure to do the trick.



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Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 95)

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"Here is where everything comes together," says Hale, referring to the moment when you raise your fork to your lips during a typical Jumby Bay meal. "Taste, smell, texture, and vision—it's an experience that excites all the senses."

If you go: Jumby Bay Island is two miles north of Antigua, in the West Indies. It is an all-inclusive resort with 38 deluxe rooms, plus two- and three-bedroom villas. Six airlines serve Antigua (American, British Airways, BWIA, Air Canada, Lufthansa, and LIAT), and from there a short ferry ride brings you to Jumby Bay. Extras include two lighted tennis courts, water sports, a putting green, deep-sea fishing, biking, and croquet. For more information, call 800-421-9016 or 809-462-6000.

—Linda Konner

Can you name this picture?

. . . **contest:** *The Saturday Evening Post* will award $100 to the author of the winning limerick for this picture. Your limerick must contain exactly five lines.

Send your entry on a postcard. Entries will not be returned. Enter as many times as you wish.

Send entries to: Limerick Contest, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202.

All eligible limerick entries must be postmarked by February 17, 1996.

The winner of the Jan./Feb. 1996 contest will be announced in the May/June 1996 issue.

Our congratulations and a check for $100 go to Vada Lee Jones of Atherton, California, for the winning entry in our Sept./Oct. 1995 caption contest.

There's only one way he can win.
(A little white lie's not a sin.)
Yell, "Stop where you are,
And get back in the car!
'Cause I just put the chemicals in!"

SHORTCUT TO EDEN

Sometimes nothing less than an escape to paradise will clear the cobwebs and renew the spirit. And if time is a problem—no matter. Paradise is as near as Florida's Amelia Island, less than a day's drive from Washington, D.C., and not far from much of the southern United States. As the crow (or jet) flies, it's only hours from the eastern half of the United States, the Southwest, and much of Canada.

A short hop from Jacksonville, Amelia Island is a retreat for all seasons, with average temperatures of 67 degrees in winter, 80 in spring, 91 in summer, and 81 in fall. The island is 18 square miles of secluded, unspoiled beauty with expansive quartz beaches and exotic forests lying between the Atlantic Ocean and the Intracoastal Waterway.

The crowning feature of the isle is Amelia Island Plantation, with its deluxe hotel rooms, penthouses, beach townhomes, and villas with oceanfront, marsh, or fairway views. Amelia offers something for everyone—golf, tennis, horseback riding, biking, hiking, paddleboating, swimming, bird watching, sailing, ocean fishing, and putputting around the island in an "island hopper." Inland lakes and brackish lagoons (favorite habitats for blue herons, egrets, screech owls, pelicans, and others) are an angler's delight, teeming with bream, bass, tarpon, snook, redfish, catfish, and striped bass.

"One of America's top 12 golf resorts," says *Golf Magazine*. Towering moss-covered oaks create a living canopy over the greens and fairways designed by Pete Dye and Tom Fazio. The fairways are strategically placed amid sand dunes, marshlands, and woodlands. Amateurs and pros alike can hone their skills under the tutelage of on-staff PGA professionals.

Tennis and *World Tennis* magazines both rank Racquet Park among America's top tennis resorts. Included in the park is the Health and Fitness Center, a full-service resort spa, boasting a heated indoor-outdoor lap pool. Best of all, the Center offers professional massages—Swedish, deep tissue, or structural integration—a

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CHICAGO (Special) - Research from centers around the world report what ancient healers knew thousands of years ago -- *that vinegar is the wonder elixir for a healthier life.*

Since ancient times a daily dose of apple cider vinegar has been taken to control appetite and maintain well-being.

Even Japan's feared Samurai warriors of years ago relied on a vinegar tonic for strength and power. A tonic you can make in your kitchen.

Today, countless reports and scientific studies praise the curative and preventive powers of vinegar as part of our daily diet.

And now after long research, for the first time, over 300 vinegar super-healing home remedies and recipes have been gathered by noted natural health author Emily Thacker in her exclusive new book, *"The Vinegar Book."*

It's the most complete collection since the discovery of vinegar 10,000 years ago.

You'll learn how to control your appetite to lose weight with a meal-time vinegar cocktail.

Find trusted home remedies to beat colds, ease painful arthritis, and other joint diseases.

Vinegar is nature's own drug-free anti-inflammatory.

Scientific tests show organic vinegar is a natural storehouse of vitamins and minerals, including beta carotene -- over 93 different components -- to fight what ails you.

More than 70 different research studies have verified that *beta carotene lowers the risk of getting cancer and it boosts the body's immune system.*

When fresh apples are allowed to ferment organically, the result is a vinegar that contains natural sediment with pectin, trace minerals, beneficial bacteria and enzymes.

And pectin helps your body reduce cholesterol levels to lower the risk of cardiovascular disease.

"The Vinegar Book" will amaze and delight you with 308 natural ways to enrich your personal life and home. Time-honored folk remedies that show step by step how to mix vinegar with other kitchen staples to:

- Improve your metabolism
- Aid digestion
- Help lower cholesterol
- Uses for middle ear problems
- Condition problem skin
- Fight age and liver spots
- Gain soft, radiant skin
- Amazing hair treatments
- Relieve nighttime leg cramps
- Soothe sprained muscles
- Fight osteoporosis with calcium
- Help headaches fade away
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- Aid to maintain health
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- Fight high blood pressure

And the above is only a brief sample of the 308 uses for vinegar you'll learn about.

You'll know how grandma's recipe for her famous pie crust depends on a spoonful of apple cider vinegar.

How a combination of vinegar and fruit juices relieves arthritis symptoms and other aches and pains.

Try a delicious low calorie, calcium-and-iron rich chicken soup and vinegar recipe.

Combine your favorite herbs with vinegar to create tenderizers, mild laxatives, mouth washes, tension relievers, and mouthwatering tasty salad dressings and more.

Of course, we all know the cleaning power of vinegar. But Emily Thacker's research has uncovered a host of new moneysaving ways to keep your home, laundry, clothing, brass, copper and other possessions sparkling clean. And with less effort.

You'll also delight in making and bottling your own special vinegars. It's so simple to follow Emily's recipes. Homemade vinegars make such wonderful gifts. You could even end up selling your creations to food and gift shops.

And get ready for many compliments when the family and friends bite into those delicious pickle treats you make.

Yes, 308 remedies and recipes are yours to enjoy on a no-risk trial basis for 90 life-improving days. Imagine, three full months without obligation to keep this exclusive, one-of-its kind book.

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rejuvenating experience for guests who overdo at golf, tennis, or romantic horseback rides on the beach.

The Amelia Inn, the resort's premier restaurant, features ocean views and superb international cuisine. The Verandah, located at Racquet Park, serves fresh local seafood, authentic southern cookery, and a children's menu. Walker's Landing offers a cookout area, boat ramp, and docks.

While on the island, take the Plantation's free shuttle to picturesque Fernandina Beach, settled in 1686, to see restored 19th-century Victorian homes, complete with gables, turrets, and Tiffany-style windows. The harbor once served as a haven for pirates and rumrunners. Now, visitors gather to watch fleets of shrimp trawlers returning to the docks against the backdrop of purple and golden sunsets.

At the northern tip of the island, old Fort Clinch, constructed before the Civil War and never completed, still stands sentry over Fernandina Beach. The pentagonal brick fort with massive walls, ramparts, and corner bastions is open to the public. Adorned with gnarled, moss-laden live oaks, cabbage palms, and red cedars, the surrounding park has two full-service campgrounds, beaches, picnic areas, a youth camp, hiking trails, and a boat ramp to the Intracoastal Waterway. Children, history buffs, and those who like to rough it will want to investigate this legendary site.

As I prepared to leave this enchanting hideaway, I glanced out my window for a last view of the ocean. Sailing high in the azure sky was a colorful kite, plunging, darting, wheeling, and circling in the sea breeze. Piloting the kite was a lad of about eight gleefully running barefoot in the silvery foam of the shoreline. I suspect that every visitor, no matter what age, finds comparable delight on Florida's Amelia Island.

For further information, write Amelia Island Plantation, Highway A1A South, Amelia Island, FL 32034, or call 800-874-6878.

—Jean B. Rose

Declaring War on Germs

continued from page 31

times a year, grasp a swab and push it quickly up and down in the bowl toward the "throat" of the toilet. All the water will vanish (no free advertising intended). Then give the swab a light application of bowl cleaner and coat the inside of the toilet bowl. Let the cleaner sit on there a few minutes, then flush to rinse. Reapply, let sit, and rinse again as necessary until all the deposits are gone.

If a ring remains, don't get excited and acid-bathe the whole unit. The ring is the result of hard-water deposit that's left as water in the toilet evaporates. A pumice stone will remove almost any ring (be sure the surface is wet or it will scratch).

Remember to swab the bowl regularly to prevent buildup. And don't stake your hopes on "miracle" toilet cleaners that promise to make the job fun and easy—there's no such animal out there yet. The "automatic bowl cleaners" that go in the flush tank are a help in keeping things sanitary, but aren't a substitute for periodic deep-cleaning. Even if you can't see the ring, it's still there—you just can't see it because it's bleached white. You still need to get in there with your bowl swab now and then to keep it from building up.

How to Get Rid of Bathroom Mildew

When warm, humid weather and spores of mold team up, those little black spots of mildew can grow on everything, including drawers, closets, books, and shoes. But aside from the basement, mildew's favorite home is the bathroom.

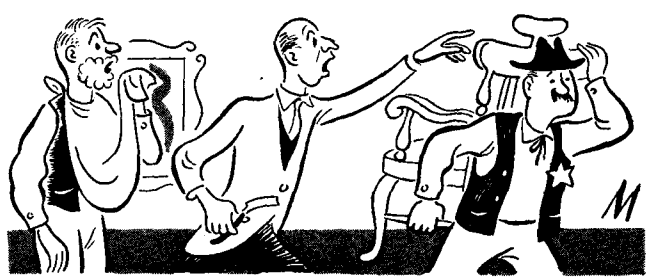
For the first 20 years of my life, I thought mildew was something that only appeared on roses and alfalfa. Since entering the cleaning business, I've been bombarded with the mildew question: "How do we get rid of it?" The best way to get rid of it is to prevent it.

Using disinfectant in the bathroom and shower areas discourages mildew growth there. Chlorine bleach kills mildew, but won't prevent it from returning; you can only do that by altering conditions favorable for its growth. But drying out a bathroom that several people bathe and shower in every day is difficult, so all you can really do is keep cleaning with disinfectant—and hitting mildewed grout with a weak chlorine bleach solution (one part bleach to five parts cool water), as long as the tile isn't made of plastic and you're careful not to get the bleach on anything, that is.

Doorknobs, Purses, and Telephones

If people were asked to list the most unsanitary objects in the home, most of them would remember the toilet but forget doorknobs. It wouldn't hurt, while armed with a spray bottle of disinfectant cleaner, to go through the house and spray and wipe all the doorknobs occasionally (and the light switches, chair backs, and telephone receivers).

Another unsanitary item that all women should be aware of is the purse. Purses are often placed on dining tables (right next to the salad fork) after having



You Be the Judge

by William Donaldson

Barber Joe was exercising his tonsorial artistry on a customer when the sheriff, one of his regulars, walked in. "You're next, in five minutes," Joe promised. But the sheriff produced an attachment writ from Joe's creditors and yanked the barber chair from under the customer. Joe eventually went to court over it.

"The law of this state says that the 'tools of a mechanic' are exempt from attachment," Joe argued. "That chair certainly is one of my tools. Without it, I can't do my work, and I want it back."

"Not so," the creditors replied. "Even if that chair is one of your tools, you're no 'mechanic.' They're people who work on metal, wood, and the like."

If you were the judge, would you return Joe's chair?

Joe got his chair back. The court ruled: "We think . . . he must be deemed a mechanic and laborer . . . and therefore is entitled to the exemption."

Based upon a 1927 Iowa case.

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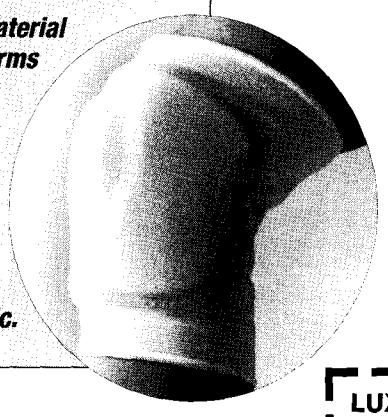

The Barlow Knee Support was developed by veteran football coach "Cotton" Barlow when he found ordinary knee supports and elastic bandages just didn't do the job. He set out to add strength and stability directly to the joint where support and protection are needed most.

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been set on the floor alongside the toilet in a public restroom. Avoid this unappetizing practice! Set your purse by your chair—and use the purse shelves or hooks provided in public restrooms, when available.

From Is There Life After Housework? © *1992 by Don Aslett, used by permission of Writer's Digest Books.*

Cold Comfort

continued from page 21

may suffice, or you may want to choose synthetics designed for this purpose, such as GoreTex or Windstopper. Zippered garments have the advantage of letting you unzip as much as you want for comfort when you heat up from activity. Or you may want to remove this layer completely during the most vigorous part of your workout.

It's important to keep your torso warm; otherwise, your body will keep vital organs comfortable at the expense of your extremities. But don't forget a hat, since at least 40 percent of body heat can be lost through the head. Protect your fingers with mittens, which will keep your hands warmer than gloves, notes Lorentz Wittmers, Jr., a physiologist at the hypothermia lab of the University of Minnesota at Duluth. "Never wear anything tight on your hands that could restrict blood flow to the fingers," he cautions.

Avoid alcoholic beverages if you're going out in the cold, Wittmers adds. A nip of whiskey may "make you feel warm," he says, "but it's a false stimulation." Alcohol causes peripheral blood vessels to dilate, radiating heat away from the body. "Alcohol can impede your judgment," he says, "so you might not take the appropriate precautions against hypothermia."

Other drugs that affect heat regulation include barbiturates, narcotics, and tricyclic antidepressants, notes the *Physician and Sportsmedicine* journal. Inadequate nutrition can decrease cold tolerance too, so eat some carbohydrates and drink fluids before being active in the cold.

Fine-Tuning Your Dog's Diet

continued from page 50

were barely discernible through a thick layer of fat, and I couldn't feel her spine. The owner was still feeding her a high-calorie puppy food three times daily. Once or twice daily feeding of a less caloric dog food was more appropriate for this dog.

• **Too few calories.** Once I was consulted about a 14-month-old German shepherd that was terribly underweight. As it turned out, the owners were still faithfully following the breeder's original instructions to feed one can of dog food each day. They hadn't been told to adjust the amount of food as the pup grew. As a result, the German Shepherd was receiving only 25 percent of his daily nutritional requirement. Fortunately, the dog was resilient and recovered once he got enough food to eat.

If a pup is thin or losing condition because he lacks interest in food, he should be checked out by a veterinarian to eliminate the possibility of disease, but it can also turn out to be a preoccupation with the opposite sex or a love of exercise. Some appetites fade because of stress; these dogs often have been deprived of attention or some form of social contact.

Neutering, daily controlled exercise such as long walks, or a more palatable food with small additions of meat, cottage cheese, or cooked egg may resolve the problem.

• **Avoiding growth disorders.** Recent work has shown that high protein has no adverse effect on bone and does not cause growth disorders in puppies. Experiments now suggest a wide optimal range of 25 to 40 percent protein for growth. Pups, even those of giant breeds, grow just fine on diets of commercial pet foods containing protein in this range.

Too much calcium, on the other hand, has been shown experimentally to increase the incidence of bone lesions. Pups fed homemade diets need careful calcium supplementation to avoid excess, but pups fed commercial pet foods require no supplementation.

• **Feeding tips.** Our goal for feeding the adolescent is to offer just the right amount of food so that the dog meets its genetic potential for growth and development. Too little food stunts growth. Too much leads to obesity. Supplementation to the extent that nutrients are imbalanced may lead to growth disorders. There are no magic formulas to determine the perfect amount of food for your dog, but there are some basic principles.

First, ensure your adolescent dog's diet is appropriate for growth or all stages of the life cycle. If you change pet food, switch gradually over three to five days to avoid causing an intestinal upset.

Begin by following label instructions for amounts, keeping in mind that the instructions often overestimate food volumes, so be prepared to decrease meal size. If you're also feeding your dog table scraps, cut back the dog food a bit to accommodate the extra calories.

The best advice is for you to develop an eye and a hand for feeding. Keep a daily watch on your dog's condition, and run a hand over his spine and ribs at least once weekly. Soon

The Perfect Squelch

A matronly lady who refused to act her years invited several friends of her own age for lunch. Throughout the repast, she kept referring to herself as if she belonged to a younger generation and as if her guests were quite elderly. Afterward, she opened an album of family photographs, leafed through a few pages and held up a mother-and-child picture.

"That," she said proudly, "is what I looked like 27 years ago. Does it surprise you?"

"Not at all," one of her guests replied. "But who is the baby on your lap?"

—Raymond C. Otto

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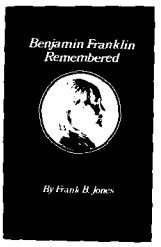
MEMORY LANE



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To encourage you to acquire one of these collectible sets, I will give you one of the prints without cost. That's right — you can own all four prints for the cost of only three, payable in three easy installments. (Norman Rockwell wanted people to collect his works, and I know he would approve of this offer.)

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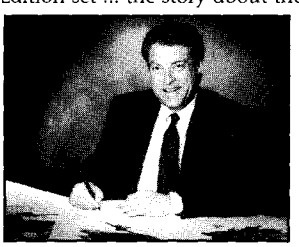
In addition to your free print, I will also send more free gifts: A letter certifying the authenticity of your numbered, Limited Edition set ... the story about the dog ... and a photo from my personal collection showing Norman and Scotty on a couch sharing a malt. The malt was part of my modeling fee!


Scotty Ingram is the author of the award-winning Symbol of America: Norman Rockwell. He is President of American Art Assoc. Inc, and will personally sign and number your Limited Edition set of A Boy And His Dog®.

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you should be able to tell if your dog is gaining or losing condition by the amount of fat covering the spine and ribs. Then you can adjust food volume accordingly.

Once you've learned to trust your eyes and your hands, you may notice a discrepancy between what you think your dog needs and what he asks for. Dogs are pack animals and are genetically programmed to want to eat when their pack is eating. Expect your dog to behave as if he is hungry whenever your family (his pack) sits down to eat, but he may not actually be hungry.

If your dog already has a weight problem, try increasing his level of exercise. Gradually increase the distance you walk him to several miles daily (less for toys, more for large, active breeds). If your time is limited, get your dog to do more intensive exercise, such as chasing and retrieving a ball or stick. These activities not only burn calories, they also complement good nutrition and strengthen your bond with your dog.

Reprinted from the American Kennel Club magazine puppies, *© 1995. Reprinted with permission.*

Darci's Story

continued from page 45

The other important thing about gene therapy is that it may eliminate problems that occur with other current therapies. For instance, radiation therapy works well to stop growth of tumor cells. The problem is that it also can damage normal cells, so we only give a certain amount of radiation therapy in treating a brain tumor. Similarly, chemotherapy really does work to kill unwanted cells, but sometimes that's at the expense of killing normal cells that you can't afford to lose. If you could get in there and modify the genetic control of these abnormal cells, that would be the best way ultimately to try to reduce or stop tumor growth, or just program the cells to die off. It may be possible to change the tumor cell genes without disturbing the normal cells. But I'm not sure when that will be accomplished.

The *Post* also spoke with Dr. Bernard Maria, director of neuro-oncology and head of gene therapy protocol at the University of Florida College of Medicine in Gainesville. We were interested in U of F's participation as one of four test sites nationwide that are using gene therapy in treating recurrent brain tumors.

Post: Could you tell us how gene therapy is performed and why it is being tested only on recurrent tumors?

Dr. Maria: When brain tumors grow back, whether in a child or an adult, we have very little to offer [those patients]. We can kill tumors in many patients at the very beginning using surgery, radiation, and chemotherapy, or monoclonal antibodies; we can throw a whole variety of things at tumors. But when they grow back, they're mean. They become very aggressive. Also, they're very heterogeneous, meaning that you have a whole mess of things: you have some cells that are going to be sensitive to one therapy but resistant to another. Their neighboring cells will be sensitive and resistant to different therapies. So if you throw any given therapy at them, you'll kill a subset of cells; but in no time at all, those that are resistant to the therapy are going to grow back.

The first step with gene therapy was to see whether there was a way to actually get at the DNA of the tumors in a very precise fashion. At first, this was done in laboratory experiments in cultures. Researchers took tumor cells that were grown in a dish and showed them a gene called thymidine kinase, TK for short. TK is part of the DNA of the herpesvirus. It's one of the thousands of genes that the herpesvirus has which allow it to do its thing. What's different is that this gene, when transported into the tumor cell using a mouse retrovirus (every tumor cell that divides will take up this piece of DNA and incorporate it into its own DNA), will make it sensitive to a drug that we can give patients very safely. It's a "suicide gene" approach. In other words, you trick the tumor cells into taking up a piece of the DNA. They don't know what they are doing. Once they have this piece of DNA, the cells are dead when we treat the patient or the animal with intravenous ganciclovir, an FDA-approved drug that is used in routine practice for treating human infections.

The mouse retrovirus (that delivers TK) has been engineered so that the patient does not actually get an infection. He or she only gets the DNA that is important in killing the tumor cell. In tissue culture, 100 percent of the tumor cells were killed by this approach. In small animals, the tumors were wiped out like nothing else we'd ever seen. With bigger animals, the primates, the FDA required that this procedure be shown to be safe and effective. And sure enough, you could cure the most malignant brain tumor, which is GBM, and the gene does not appear to go into normal blood cells.

Post: There are many different names for brain tumors, such as astrocytoma, medulloblastoma, glioblastoma multiforme. Could you straighten us out about these?

Dr. Maria: We do have a lot of terms. Basically, there are two kinds of important cells in the brain. There are neurons that enable you and me to talk right now, and there are glial cells, or *astrocytes* as they are also called, which were considered by some in the past as the Rodney Dangerfields ("I get no respect") of the brain, in that they merely support

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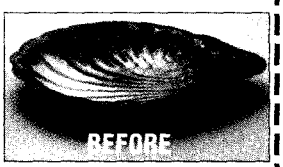

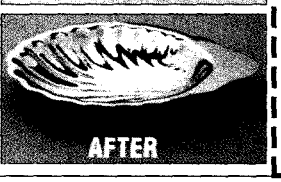

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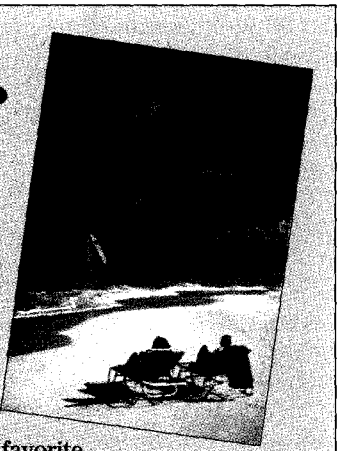

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the neurons' roles. There are different kinds of glial cells. Almost all tumors arise from the glial cells, and these tumors are called gliomas. You can have astrocytomas, oligodendriomas, medulloblastomas, but the bottom line is, the most malignant beast that we have to deal with is called the glioblastoma, or grade IV glioma—it's the highest grade tumor.

Post: The glioblastoma multiforme?

Dr. Maria: You've got it, or GBM for short. Nothing could touch these tumors in vitro [test tube] or in animal models until gene therapy. It is extremely promising.

Typically, it takes about 15 years to go from a dish to a patient. We are at the patient stage now. There are basically two primary questions: "Is it safe?" and "Does it work?" It's first being looked at in patients that have recurrent glioblastoma. Their tumors have already failed to respond to conventional treatment. We inject 15 to 25 separate injections of skin cells into the tumor. The cells contain the TK gene that I have already mentioned. Then, over a period of about two weeks, we let these cells turn over this gene to the tumor cells. Finally, we treat the patient with an intravenous drug, ganciclovir.

Post: Isn't ganciclovir commonly used to treat herpes?

Dr. Maria: It can be used for the treatment of herpes. But the really promising thing here is that in animal models, you need only about 20 percent of the tumor cells to take up the gene to kill the whole tumor. Why would that be? This is where the term "bystander effect" comes in. Here's what we think happens. When the drug sees the cells that have the gene, it not only kills the cells, but produces toxic metabolites that are transferred to adjacent tumor cells that may not have the gene. It kills them in that way. It's a neat deal.

The other interesting thing is that the cells we use to deliver the gene are from the mouse—mouse cells delivering a mouse gene. Normally, if you inject mouse cells into the skin of a human, the immune system would rip them apart right away, recognizing that they're not human. But the immune system in the brain doesn't know that they are mouse cells. It's not as effective as the rest of our immune system. We take advantage of that accident of nature in delivering this gene. On top of that, the immune system is further suppressed in areas surrounding the brain tumor. Until we can selectively replace the genes that are causing a specific cancer (the exact gene that is defective), we're going to be using this "suicide gene" approach with a variety of cancers, including brain tumors.

Post: Who developed this technology, and how long will it be until it is approved for wide-scale use?

"That's not what Dr. Jefferies meant by '30 minutes on the treadmill'!"

Dr. Maria: The group who developed this particular approach is, primarily, Michael Blaese and his collaborators at the National Institutes of Health (NIH). The sponsor of our present clinical trial is Genetic Therapy Incorporated (GTI), which was bought out by Sandoz a few months ago. GTI is clearly the international leader in terms of clinical trials for gene therapy. They are the first to take it to patients. We're very excited about this new technology and about the partnership between industry and academic medical systems. It is one small step in the right direction.

But gene therapy five or ten years from now is probably going to look very different than it looks right now.

Post: Who is eligible for the study?

Dr. Maria: The eligibility is physically having a recurrent malignant glioma, which means a grade III or IV. That typically includes just about everybody whose tumor has grown back [following conventional treatment].

Post: What does that mean in terms of tumor size?

Dr. Maria: The tumor must be 30 cc in volume or less for the gene-injection approach, but it can be much larger for other gene-therapy protocols that we offer.

Post: How many patients are enrolled in your study, and how are they faring?

Dr. Maria: We have just one at present—the third in the nation. He is stable. Unfortunately, he's developed a completely separate malignant glioma in an area totally removed from his original tumor. There's nothing we can do about that. Even if the gene therapy were to miraculously work on his recurrent tumor, he would still undoubtedly succumb from the other tumor, which was not there when we injected his original tumor. Only one percent of patients have this unusual situation in which two separate tumors occur around the same time in the brain. He, unfortunately, is such a patient.

We hope to have ten patients in the study next year. We actually have three protocols. The first two are up and running. The second protocol involves a resection of the tumor, as opposed to an injection. It will be reoperated and a catheter left within the cavity of the tumor to deliver the gene product. The third protocol, which has been submitted to the FDA for approval, will be for newly diagnosed patients with GBM or grade IV malignant disease.

Post: Do you concur with the experts who believe that the incidence of brain tumors is increasing?

Dr. Maria: It's quite right. There has been an increase in tumors. I think over the last 20 years or so there's been a doubling in the incidence. Of course, nobody knows why that's happening. People speculate that it had a lot to do with just our better detection techniques—you know, better brain scans pick these things out. But it turns out that doesn't explain it. So there is a real increase. Nobody knows why.

Post: Do you have any theories about the increase in the incidence of brain tumors? We've heard theories

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about electromagnetic fields. One doctor has suggested that aspartame, the artificial sweetener, is involved.

Dr. Maria: What you are talking about are epidemiological studies. They're the hardest things in the world to do. For example, 25 to 30 years ago, it was thought that there was a much higher incidence of brain tumors in the Ohio Valley. That's where Goodyear manufactured all of its tires and rubber. People looked at rubber and said, "Well, we've got a bunch of compounds called nitrosoureas in rubber that might be inducing tumors." Sure enough, if you give these nitrosoureas to animals—hamsters, for example—their offspring will have brain tumors.

There's a whole variety of glioma-type tumors. The problem is that when people carefully looked at those landmark studies, a lot of faults were found. The conclusion that there's an association between what was done in tire manufacturing and brain tumors is very, very weak by today's epidemiological standards. Moreover, the nitrosoureas in question are now actually used in therapy for malignant brain tumors.

These are hard studies to do. The whole electromagnetic idea is complex: how long you lived there, how close you were to it, whether you moved and, if you moved, how far downstream you were from its influence—it's a nightmare. We get these scattered reports of increased incidence of tumors. I've had patients referred here from a community called Pace, Florida, where the population is about 2,500. In a period of a year, they had seven kids with brain tumors. Do you know what the odds of that are? They're astronomical!

So, we do get these tumor clusterings. We know that if you look at the DNA of some of these tumors, you will find identical viral DNA sequences. You have to say to yourself, well, possibly viruses might have induced this. Sure enough, if you give the right virus to the right animal at the right time, you'll induce brain tumors in the offspring. It's all purely speculative. You talk about aspartame and so on. Things may be associated, but not necessarily causally linked. Who knows? Much more work needs to be done.

Post: We hope researchers will know soon and that they can offer hope to sufferers of devastating brain tumors.

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MEDICAL MAILBOX

by Cory SerVaas M.D.

"When the odds for disease are threatening, prevention is a merciful mission."

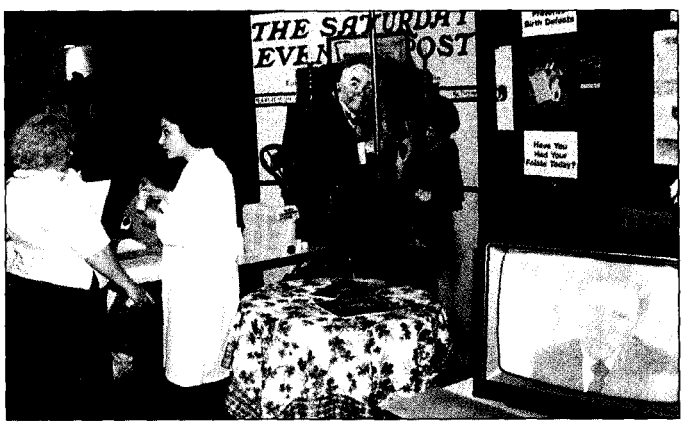
Health Fairs: Getting the Word Out

Why did South Carolina and the federal government spend more than half a million dollars to persuade women there to take folate? Because South Carolina has a very high incidence—50 percent above the national average—of babies born with neural tube defects (NTDs). NTDs result in severe complications and paralysis that can sentence the child to life in a wheelchair.

Because folate is inexpensive and completely safe, those in charge of the project were dismayed to find that all their efforts did not persuade women of childbearing age to take folate . . . nor did these efforts reduce the incidence of spina bifida babies.

Because folate also lowers homocysteine levels, while elevated levels are associated with strokes and heart attacks, the *Post* took the little heart-shaped folate and B_{12} pills to a health fair and offered them to visitors to the booth.

It worked so well that we'd like to share our videotapes and printed materials. Any readers who wish to use the *SatEvePost* booth posters for putting on a health fair in their community may write to Dr. Christina Ferroli, who will provide videotapes relating to preventive health subjects the group would like to cover. The *Post* has a library of videotapes that can be borrowed from our HeartMobile collection. Norman Rockwell's *Doctor and Doll* comes on a ten-foot display booth that can be folded up and packed. The chubby-cheeked friendly family doctor has been worth his weight in gold adorning *Post* health fair booths. His weight



Dr. Ferroli explains to a female visitor the happy coincidence that not only will folate lower high homocysteine levels associated with increased heart attacks and strokes, but it will also prevent 75 to 80 percent of neural tube birth defects (NTDs). The Centers for Disease Control and Prevention reports that in the United States, approximately 4,000 pregnancies each year are affected by spina bifida and anencephaly, the two most common NTDs. Adequate folate intake during the first few weeks of pregnancy will help prevent these tragedies. Cardiologist Barry Crevey is shown on the video monitor describing ways to prevent fatal heart attacks.

Dr. Christina Ferroli uses her powers of persuasion to convince an unidentified male attending a health fair that he should be taking folate to keep his homocysteine levels low. Will he? If he buys into her thesis, she will provide him with a cup of water and a heart-shaped B-Safe vitamin. In the foreground, *SatEvePost* nurse Wendy Braun instructs a visitor on the importance of self-monitoring blood pressure between doctor visits.

Success! Dr. Ferroli has a convert, as Dr. SerVaas watches the visitor swallow his first B-Safe tablet. High homocysteine levels are associated with increased incidence of heart attacks and strokes. Like lowering cholesterol, lowering homocysteine is another way to increase one's odds for a healthy cardiovascular system.

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Dr. Kenneth Cooper of the Cooper Aerobics Clinic in Dallas discusses folate for lowering homocysteine in videotaped interviews with Joan Durham. Videotapes of the interviews, which include a discussion of antioxidants, are available for health fairs.

was probably a dangerous 200-plus pounds before the days of Weight Watchers and cholesterol and homocysteine monitoring. On one video is a modern-day, trim, physically fit cardiologist, Barry Crevey, whose *"SatEvePost* Health Show" describes defibrillators for those at risk for heart attacks.

On another video, world-renowned cardiologist Kenneth Cooper describes his interest in folate as a means to lower homocysteine and its potential for reducing the risk of heart attack and stroke.

Also available for instruction is literature to be passed out by the health fair sponsors. Church health fairs have been very successful.

We have available another way for any group to educate the public about the need to supplement the diet with folate: giving out samples of folate. Folate in the form of B-Safe can be purchased at a special price from the American Foundation for Preventive Medicine (AFPM). It comes with accompanying educational literature. AFPM conducts research and education programs for the prevention of heart attacks, strokes, spina bifida, and other preventable diseases (see page 85).

Lactobacilli Release Lysine

Dear Dr. SerVaas:

I read in the July/August "Medical Mailbox" that some research is being planned for testing L-lysine as a preventive or treatment for fever blisters, cold sores, or canker sores.

A few years ago, a fellow science instructor showed me a paragraph in a high school biology book which claimed a product such as Lactinex (lactobacillus tablets, a dietary supplement containing *Lactobacillus acidophilus* and *Lactobacillus bulgaricus*) will prevent the occurrence of cold sores and related conditions. I, personally, do not know if this remedy works, as I have never suffered with any of these conditions. Perhaps you might respond whether this was a true statement, or misleading.

Spencer D. Grond
Bryan, Ohio

Our *Post* nutritionist, Christina Ferroli, Ph.D., investigated the use of the bacteria *lactobacillus acidophilus* and *lactobacillus bulgaricus* for the treatment of cold sores and other related conditions. Her response:

"Certain strains of lactobacillus release lysine, the amino acid that inhibits the herpes simplex type 1 virus. When these strains of *Lactobacillus acidophilus* are ingested, they will set up house in the intestinal tract and secrete a natural, continuous source of lysine.

"Depending solely upon lactobacillus to provide lysine for the management of cold sores may not always be effective. Antibiotics or the overgrowth of *Candida albicans* (yeast) will kill these beneficial bacteria, requiring repeated use of Lactinex or similar products. The benefits of lysine for the management of cold-sore infections, however, still hold true."

No Small Concern: Mayo Clinic Specializes in Postcolectomy Problems

Dear Dr. SerVaas:

Since 1991, I have undergone five major surgeries, including removal of the colon and rectum. As a result of the rectum removal, I now have a perineal hernia large enough that I can barely cover it with my hand—fingers extended. I had surgery scheduled a few weeks ago, but after the doctor finished telling me about all the things that "might" happen during, or as a result of, the surgery, we decided to pass it up for the time being. We also considered the fact that I am 77 years old and wondered if it would be worth going through all that might be involved. I might add—for my age—I am in excellent health. I am working 40 hours a week as a security officer and exercise regularly.

I hope you can shed some light—and possible suggestions—on the situation and perhaps help me resolve a problem that is causing no small amount of concern.

Burhl Hill
Independence, Missouri

The name of Dr. Keith Kelly of the Mayo Clinic immediately came to mind when I read your letter. I can't think of a better way to get a definitive answer about your problem. Because Dr. Kelly was chief of surgery at the Mayo Clinic in Rochester, Minnesota, for many years, he has seen hundreds

"Young lady, whatever possessed you to wear glass slippers in the first place?"

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of patients who have had their colons removed. In fact, he does outstanding work by creating pouches that enable persons without colons to have normal bowel movements.

After his exemplary work at Rochester, he is now chair of the Department of Surgery at the Mayo Clinic in Scottsdale, Arizona. The address is 13400 East Shea Blvd., Scottsdale, AZ 85259, and the telephone number for the clinic is 602-301-8034.

We're sending you a copy of an article in which his picture and interview appears.

If he isn't the right surgeon to help you, he would certainly be able to tell you who is. If I were in your situation, I would rush right down to Scottsdale to be evaluated.

We wish you well, and don't write off getting help because you are 77. You are still a productive member of society and deserve good medical care for your future years.

Bruxism: A Real Grind

Dear Dr. SerVaas:

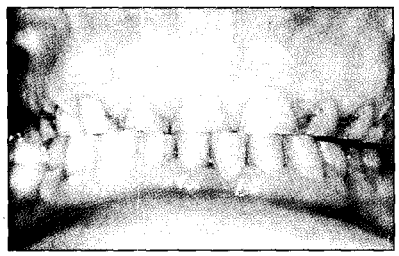
I am a 20-year-old woman. I have been grinding my teeth since I was very little. When I was a child, my mother was told by a doctor that I possibly had some kind of worms (very common in children). Later on I heard another theory: grinding the teeth could have something to do with the nervous system. As a young adult, I experience the same thing quite often. Can you tell me what is wrong with me before I lose all my teeth?

P.S. Thank you very much for "Medical Mailbox." I think it is a great opportunity for people to find out about their problems. I am sure a lot of people would agree with me.

Olesia Borisenko
Miami, Florida

Clenching or grinding teeth, especially during sleep, is called bruxism. Henry Swenson, D.D.S., Indianapolis, responds to your concern.

"Night grinding, or bruxism, is universal and may affect people from the very young to those in their 80s. Incidence of this nonfunctional movement is lower in the teen and middle-age groups but increases with advancing age. While the cause is not yet completely understood, bruxism is believed to be related to the way the teeth come together, and in some cases to a stressful or emotional period in life.



This 55-year-old patient has clenched and ground his teeth for many years. Approximately one third of the tooth length has been lost.

"Usually, people who grind their teeth are not aware of the habit. Rather, another family member hears the noises produced during sleep. The bruxer may notice some tenderness of facial muscles and the temporomandibular joint upon awakening.

"Upper teeth normally do not contact lower teeth except when chewing or swallowing. Clenching and grinding produces increased wear on the biting surfaces. This leads to more pressure on the teeth and supporting structures. Eventually, the height of dental crowns diminishes and teeth may loosen. Bruxism may accelerate the periodontal disease process, resulting in the premature loss of teeth. Crown fracture of the individual teeth may also occur.

"No treatment is generally indicated if tooth surface changes are minimal. It may resolve as temporary emotional distress is relieved. In some cases, adjustment of teeth surfaces by a dentist may reduce bruxism. Use of a night guard, which resembles the mouthpiece worn by football players (but fortunately not as bulky), may prevent dental injury.

"In summary, bruxism may potentially contribute to early loss of teeth. However, it rarely, by itself, will result in such loss."

"Sure, that's cough syrup on your waffle . . . you have a cold, remember?"

Calcium Confusion

Dear Dr. SerVaas:

I have enjoyed reading *The Saturday Evening Post* for many years. I remember an article in the *Post* some time ago about calcium, and you advised not to take it with food. Is this still true, or is there a new school of thought? Everything I read now says to take calcium with food. I am very perplexed, to say the least! Osteoporosis runs in my family, and I am trying to do everything to prevent it, including my daily walk at the mall. Thank you in advance, and keep up the good work.

Gwen Michels
Apple Valley, Minnesota

Conflicting reports can indeed be confusing. Various calcium supplements are on the market, and optimal absorption depends on a product's chemical formulation. Calcium carbonate, for example, is best absorbed with food. However, there are two good reasons to take calcium supplements on an empty stomach: fiber, oxalates, and phosphates in food inhibit calcium absorption, and calcium can interfere with the absorption of other important food nutrients, most notably iron. The 1994 National Institutes of Health (NIH) Consensus Development Conference on Calcium Intake concluded that absorption of calcium supplements is greatly improved when taken *between* meals. The NIH panel also stated that calcium citrate, when taken without food, is absorbed more

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completely than other forms of calcium, such as calcium carbonate or calcium phosphate.

With a family history of osteoporosis, you will certainly be interested in the promising results of an innovative treatment recently submitted to the FDA. Researchers at the University of Texas Southwestern Medical Center at Dallas and other sites across the country studied the effect of intermittent slow-release fluoride supplemented with calcium citrate in postmenopausal women with osteoporosis. Dr. Charles Y. C. Pak, director of the Robert T. Hayes Center for Mineral Metabolism Research at UT Southwestern, says, "We not only found more bone, but unexpectedly, what appears to be stronger bone. [This treatment] builds in the spine what appears to be structurally normal, mechanically improved bone; produces a sustained increase in spinal bone mass; inhibits spinal fractures without increasing hip or other fractures; and reduces back pain in postmenopausal women with established osteoporosis who have already sustained fractures. And it does this without harmful side effects."

Once approved, slow-release sodium fluoride should cost only about one dollar a day, making it a very cost-effective treatment option for osteoporosis.

Rare Skin Disease

Dear Dr. SerVaas:

I have been reading *The Saturday Evening Post* for a long time and, lately, looking in your "Medical Mailbox" section for anything on a disease known as pityriasis rubra pilaris (PRP).

Sometime in March of 1994, I discovered a red circle between the shoulder blades and was finally diagnosed with PRP. Initial treatment results were very disappointing. A change of medication significantly improved my condition but caused a problem with my eyes. After stopping the medicine, my eyes cleared up but the healing stopped. I now have some PRP on my back, chest, and legs. I am not on any medication at this time.

Is it possible any of your readers have experienced this disease, or can you give me any information on it?

Dr. C. William Hanke is a dermatologist on the *Post*'s advisory board. His comments follow:

"Pityriasis rubra pilaris (PRP), a rare, chronic disease of unknown cause, is in the same family of diseases as psoriasis. It may occur at any age but most generally appears in the first and fifth or sixth decades of life. There are five types of PRP; the classical, generalized adult type, and the localized juvenile type are the most common. Treatments for PRP include moisturizers, topical corticosteroids, and oral systemic retinoids such as Tegison or Accutane. Oral immunosuppressive drugs or ultraviolet light treatments help some people. Many cases of pityriasis rubra pilaris undergo remission within two to four years."

Polycystic Ovary Disease

Dear Dr. SerVaas:

My oldest daughter has polycystic ovarian disease. More than 10 years ago, she had one ovary removed. This was followed by a second surgery when cysts began growing again. Now she only has a small bit of an ovary left. She has a lot of pain at times—recently a cyst leaked and then ruptured. Fertility drugs made things even worse. She is 36 and has tried off and on to get pregnant, but has to go back on birth-control pills because of pain.

Do you know of any new treatment that might help her?

Winnie Silk
Newport News, Virginia

Andrea Dunaif, M.D., professor of medicine and chief of the diabetes and metabolism section of Penn State's Milton S. Hershey Medical Center, is a widely recognized authority investigating polycystic ovarian disease. Her response follows:

"It is unclear to me whether your daughter has polycystic ovary disease, a hormonal disorder also known as polycystic ovary syndrome (PCOS). I am suspicious, since it is rare that cysts in this condition grow to a point where they require surgical removal, and it is also uncommon for the cysts to leak and rupture. Your description sounds more like follicular cysts related to ovulation, rather than classical polycystic ovary syndrome.

"Long thought to be benign, PCOS is a very significant medical condition marked by irregular menstrual periods, an excess of body hair, and infertility. Obesity, insulin resistance, and the development of diabetes in early adulthood are frequently associated with PCOS. A recent study I was involved with indicated that most obese women with fewer than six menses yearly have PCOS and, in turn, a particularly high risk of developing diabetes. There is also a higher-than-normal incidence of endometrial cancer in these women because they're not menstruating regularly. Scandinavian studies of older women with a history of PCOS seem to indicate an increased rate of high blood pressure and coronary artery disease as well.

"Weight loss helps control related diabetes and hormonal imbalances because it lowers insulin production. We have just completed a small study that showed some improvement in polycystic ovary syndrome symptoms with an experimental drug. After further testing, it may be on the market in the next couple of years.

A Successful Pregnancy Possible

"If your daughter has true polycystic ovary syndrome, there *is* an excellent new hormone regimen to induce ovulation and increase fertility. To stimulate normal development and release of a mature egg, low-dose injections of Pergonal are administered daily for several weeks, followed by an injection of human chorionic gonadotropin (hCG). This therapy has a very low complication rate in women with PCOS and offers a good chance of having a single baby. Contact the nearest research or university medical center for more information or to possibly participate in research." ❧

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New Device

continued from page 41

necessary, the beams can be refocused and the procedure repeated until the entire diseased area is treated.

If there are multiple tumors or if the tumor spreads to another area, radiosurgery can be repeated again and again. Free of surgical complications like infection, hemorrhage, and leakage of spinal fluid, radiosurgery has proved very appealing to the candidates for brain surgery who have so far been given this option.

Radiosurgery is also appealingly cost-effective, its proponents say. Although the procedure usually requires a team of specialists—neurosurgeon, radiation oncologist, and radiation physicist—hospital stays are 70 percent to 90 percent shorter than with conventional surgery; there is no need for intensive postoperative care or long rehabilitation, and patients can get back to work in a few days.

About 20,000 patients in the United States have undergone radiosurgery so far, and tens of thousands more have been treated in Europe and Asia.

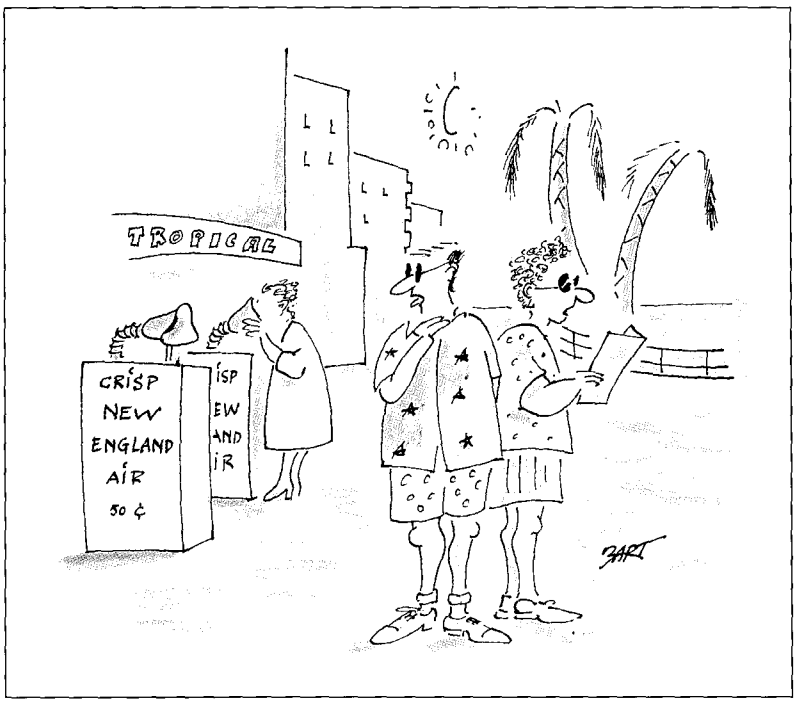
In addition to the surprisingly common defect Christine had, targets of stereotactic radiosurgery include small tumors like acoustic neuromas and meningiomas, as well as tumors in areas of the brain that are inaccessible to the surgeon's scalpel or so close to vital structures that surgery could irreparably harm normal brain tissue.

It is also being used to control cancers that have spread to the brain from elsewhere in the body and, in combination with traditional surgery, it can stem the growth of malignant brain tumors that cannot be completely removed with a scalpel.

"In the past, when cancer spread to the brain, it was considered the beginning of the end and there was little else to do," said Dr. Dade Lunsford. "Now tumors that metastasize to the brain can be controlled, and if they recur, radiosurgery can be repeated."

Lunsford is a neurosurgeon at the University of Pittsburgh's Presbyterian Hospital, where he has performed radiosurgery on 1,650 patients since 1987. The Gamma Knife unit with which he "operates" was the first one installed in the United States.

Lunsford said that in 50,000 to 60,000 patients each year, treated cancers spread to the brain, even when no trace of the disease remained elsewhere in the body. He predicted that stereotactic radiosurgery would replace other treatments, including traditional surgery, to control these brain metastases. And while the patients' cancers might not be cured, he said, radiosurgical destruction of metastases can give them years of quality life.



In Lunsford's experience, success in controlling tumor growth ranges from 80 percent to 90 percent for brain metastases to more than 90 percent for benign tumors. The cure rate for arteriovenous malformations like Christine's is 70 percent to 90 percent, he said.

Obliterating arteriovenous malformations is a leading use for the Gamma Knife, even though there is a chance the blood vessels will continue to bleed for up to two years, until the defective vessels are completely blocked off.

The effects of radiosurgery occur over a period of days to years after a single treatment. With traditional surgery, the defect can usually be eliminated on the spot, but after radiosurgery the tangles of vessels close off and are gradually destroyed, and periodic CT scans or MRI examinations and an annual angiogram are needed until the lesion is gone.

Now, in collaboration with radiologists, neurosurgeons experienced in stereotactic radiosurgery are cautiously beginning to extend its use: to quell intractable facial pain in patients with trigeminal neuralgia, to relieve chronic cancer pain, to obliterate abnormal areas of brain tissue that give rise to uncontrollable epileptic seizures and to treat psychoneurosis, Parkinson's disease, and other movement disorders. The Gamma Knife has also been used to treat cancers of the eye and benign tumors of the pituitary gland at the base of the brain.

The Gamma Knife was developed in 1950 by a Swedish neurosurgeon, Dr. Lars Leksell of the Karolinska Institute in Stockholm, aided by a physicist, Dr. Borje Larsson of the Gustaf Werner Institute at the University of Uppsala in Sweden. But its application had to await brain imaging techniques like the CT scan and MRI that could tell surgeons exactly where to aim the intersection of the radiation beams.

Through years of experimentation, Leksell put together an instrument that emitted 201 gamma-ray beams from a cobalt-60 source and focused them all, through a protective helmet, on a single point as small as three tenths of a millimeter wide. If necessary, multiple bombardments can be delivered in the course of a single treatment by changing the position of the helmet on the patient's head.

The first treatment unit was installed in Stockholm in 1968, where it was successful in safely and noninvasively destroying tumors and other abnormalities in the brain. The instrument, officially called the Leksell Gamma Knife, is manufactured by Elekta Instruments of Stockholm.

There are now 20 Gamma Knife units operating in the United States; 10 others have been bought but are awaiting various administrative or construction details. One of these was to

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(Advertisement)

Doctors Find Old-Time Folk Medicines Beat Many Prescription Drugs

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be installed at New York University Hospital in the fall. Other units are operating in Pittsburgh and at Rhode Island Hospital in Providence.

In addition to the $3.5 million cost of each unit, installation is a half-million dollars more. Experts estimate that it takes at least 150 radiosurgical procedures a year for such a purchase to make economic sense.

Dr. Patrick Kelly, chief of neurosurgery at New York University Hospital, expects that 300 patients a year will be candidates for radiosurgery in the greater New York area. Many states, including New York, require that hospitals obtain a permit, officially known as a certificate of need, before an instrument like the Gamma Knife can be installed.

Citing what he regards as the main drawback of the Gamma Knife, Kelly, who honed his enthusiasm for the instrument at the Mayo Clinic in Rochester, Minnesota, where a unit was installed in 1989, said, "In states that exercise little or no control, units are being bought up by private entrepreneurs, who are going overboard in creating every kind of problem that walks in the door."

There is also duplication of services. In Miami, for example, units have been bought both by Jackson Memorial Hospital of the University of Miami and by Health South Doctors Hospital in nearby Coral Gables, Florida.

"The Gamma Knife has a finite set of indications," Kelly said, "and it's a very good unit when used responsibly. It fits very well into our overall plan for doing cost-effective, minimally invasive procedures. But if it is used inappropriately, it will jack up costs and ultimately give the machine a bad name." ▲

—Jane E. Brody

Editor's note: According to Dr. William A. Friedman, professor of neurology at the University of Florida, there are two major radiation-producing devices used to perform radiosurgery. One is the Gamma Knife; the other, the linear accelerator, which produces multiple high-energy x-ray beams and is widely used for all the brain tumor applications discussed above.

Where Do You Think You Are?

(answers from page 78)

(Theme: Things found on a farm)

1. Creamridge, NJ
2. Cornwall, CT
3. Meadows of Dan, VA
4. Wheatland, MO
5. Horse Cave, KY
6. Guernsey, OH
7. Fowler, CA
8. Green Acres, DE
9. Jerseyville, IL

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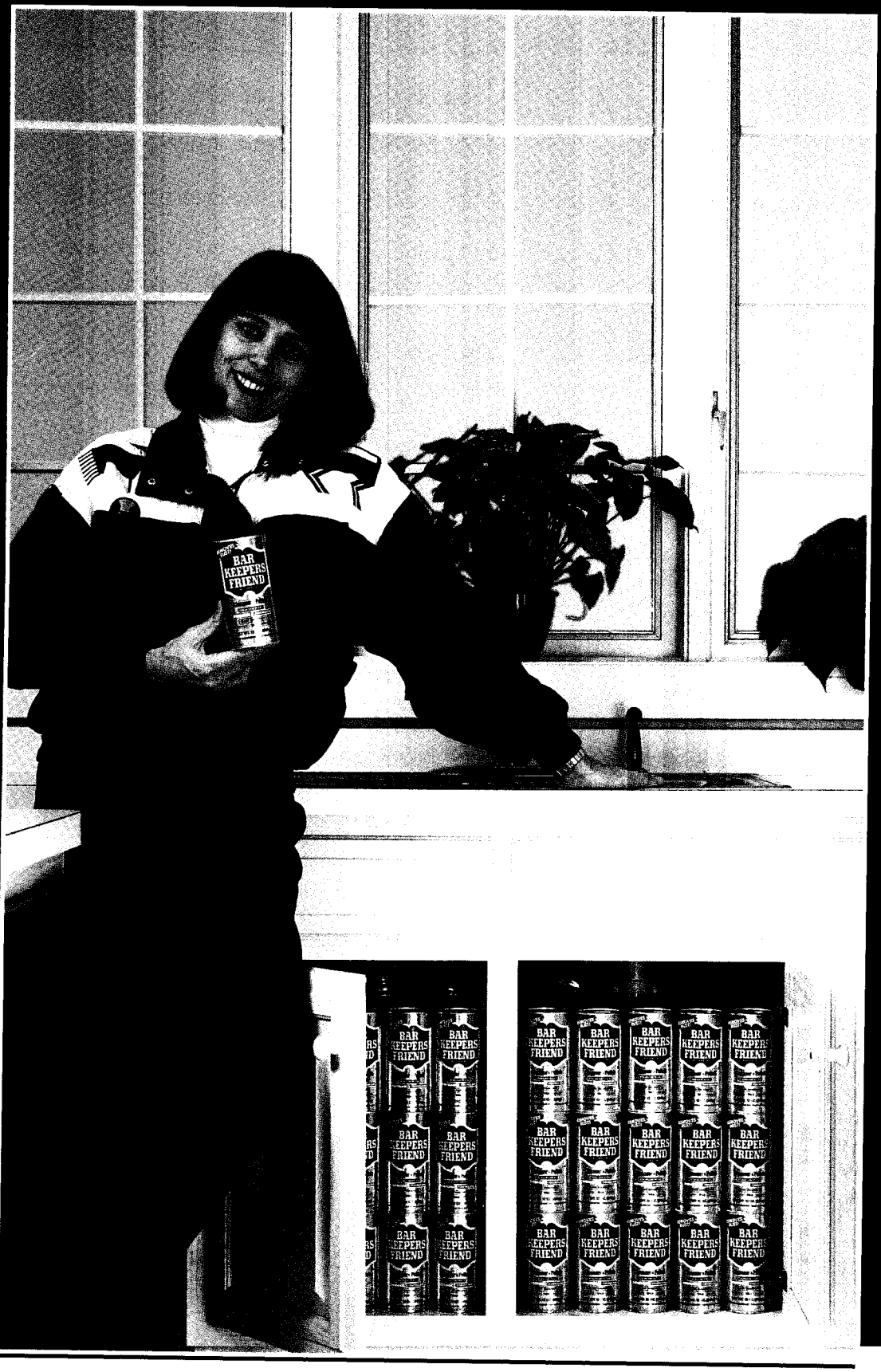

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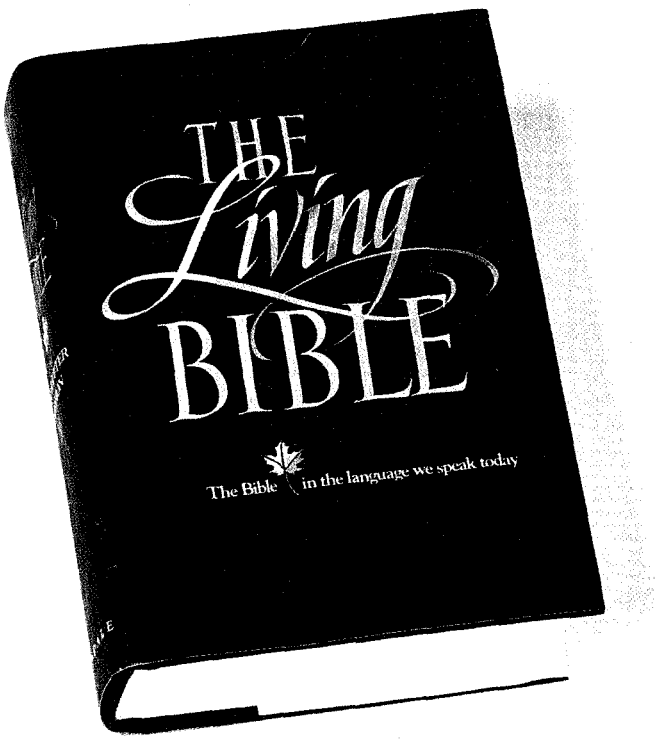

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